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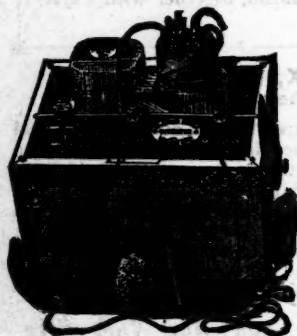
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—PRACTICAL—

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As strictly practical in intent, all theories have been avoided, and only such illustrations inserted as present a few instruments of my own device; for both theory and technical terms are uncared for by the busy worker who is only looking for aid from electricity—not for a panacea.

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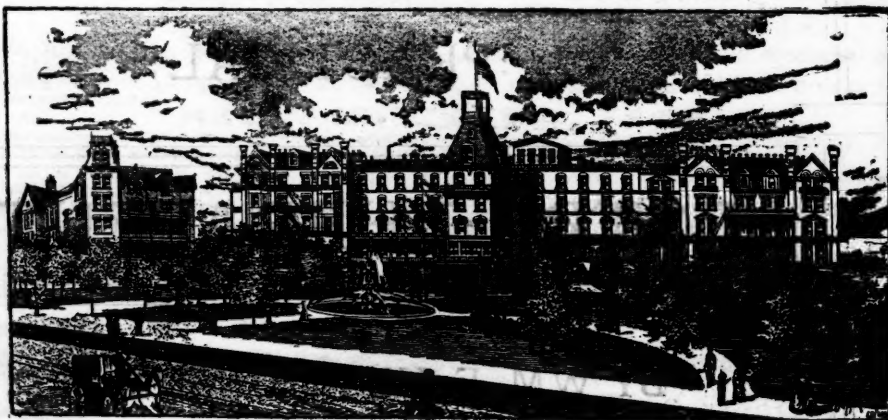
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Original Articles.

THE VALUE OF ARTIFICIAL DRUMHEADS.

By JOHN WARD COUSINS, M.D., London, F.R.C.S.,
Senior Surgeon to the Royal Portsmouth Hospital, and the Portsmouth
and South Hants Eye and Ear Infirmary.

It is a well-established fact that artificial drumheads do improve the hearing power of many patients, and that a large number of contrivances, composed of various materials, have been used with great comfort and advantage. The real value of the artificial membrane must be estimated by ordinary conversation. We really have no standard for the classification and comparison of cases, and we are compelled to rely upon a rough-and-ready method of testing, and the voluntary statement of the patient. The degree of improvement can be calculated for all practical purposes by observing:—1. The help afforded in conversational intercourse. 2. The increase in the hearing distance. 3. The improved expression in the countenance of the patient. I classify my patients in three groups:

(a) Patients very considerably improved in hearing power.

(b) Patients improved.

(c) Patients not improved.

The variations in deafness for ordinary conversation are considerable, and these inequalities must be carefully estimated in drawing up any tabular statement.

Diseases in which Artificial Drumheads are Useful.

—As a general rule, the most successful applications occur in cases of perforation of the membrane tympani. The amount of benefit, however, does not depend upon the size and position of the injury, for in every case there are other conditions which exert a variable influence on the result. It is almost impossible to have any loss of substance in the membrane without also some other structural changes in the tympanic

cavity and its contents. Artificial drumheads are also beneficial in other alterations of the membrane, involving abnormalities of tension in the conducting apparatus. They may be used with benefit in chronic middle-ear disease, attended with ossicular changes, and cicatricial collapse of the membrane, provided the Eustachian tube is unobstructed, and the nasopharynx fairly healthy. It is very difficult to describe the exact alterations in the contents of the tympanum for which artificial membranes can be hopefully employed; at the same time we may be sure that they are useful in some cases altogether free from any perforation of the membrane.

Position in the Meatus of the Artificial Membrane.—It has been often stated that mechanical aids must be placed over the perforation in the membrana tympani, and be applied so as to fill the aperture. Now, I am ready to admit that direct contact with the meatal wall, or near the remnant of the membrane, does, in many cases, improve the hearing power; still, it is not necessary to plug the perforation with the artificial drumhead. This notion clung to the efforts of surgeons half a century ago; but the practice of closing the aperture proved dangerous, and was sometimes followed by unfortunate results.

Toynbee says ("Diseases of the Ear," p. 167): "As in cases of perforation, or disease of the membrana tympani, there is so frequently catarrhal inflammation of the mucous membrane of the tympanum, it is obviously important that no foreign substance should be placed in contact with that membrane, and, as there is always a margin of it remaining, the surgeon should be careful to keep the artificial membrane external to it; for if any attempt be made to pass the membrane beyond this point, the patient will complain of pain." In some cases I have found that the formation of a screen across the passage, near the injured drum, is quite sufficient to produce very satisfactory results. It is a matter of importance that the artificial drumhead should be

selected to suit the shape and capacity of the external ear. It is my practice to regulate the height of the crown of my membrane by the sensations of the patient, and the breadth of the brim by the size of the meatus. It must not fit too tightly, but simply rest in contact with the meatal wall. It is not necessary to place the point upon the perforation. The right spot cannot be selected by any internal examination of the organ; but in every case the sensations of the patient, and the improvement in the hearing power, will assist in slipping the membrane into the right position.

Artificial Drumheads Often Immediately Beneficial.—It frequently happens that good results are obtained by simply adjusting the membrane, and replacing it as often as necessary. In such cases the perforation of the membrana tympani is uncomplicated by serious inflammatory changes in the tympanum, and the artificial drumhead is beneficial at once, by restoring the continuity of the conducting apparatus, and by the formation of a closed cavity at the upper part of the canal, in which the sonorous vibrations are concentrated upon the labyrinth. In perforation, associated with chronic suppurative disease of the middle ear, we can only hope for progressive improvement, and cleansing and deodorising treatment must be diligently practised before the value of the artificial drumhead can be estimated. It is absolutely necessary to carry out daily antiseptic treatment, and to remove, as far as possible, chronic tubal obstruction. It is only after weeks of perseverance and attention that the full comfort of the appliance can be secured, and the sensibility of the injured organ so far improved that the patient does not appear deaf in ordinary conversation.

Care Necessary in the Selection of Cases.—Artificial aids are often much abused, and are even carelessly employed by members of the profession. In many suitable cases the form of the artificial membrane and its position on the meatus require careful investigation. Many cases of perforation are really chronic and complex aural diseases, in which the morbid changes in the tympanum have been followed by atrophy of the nervous structures, and degeneration in the inaccessible recesses of the labyrinth. The deep and superficial disorders of the ear are often blended together, and changes in the sound-receiving apparatus are the secondary results of chronic middle ear disease. We must never forget that the improvement in conversational power, and the removal of the strain in listening, can only follow the insertion of the drumhead when all the nervous structures of the organ retain, in a great measure, their normal sensibility.

MENSTRUATION,¹

A BRIEF SUMMARY OF THE THEORIES OF THE
ANCIENTS, WITH SPECIAL REFERENCE
TO THE VIEWS HELD BY THE
TALMUDISTS.

By CHARLES D. SPIVAK, M.D.

IT is probable that Eve, the mother of all the living, used for a napkin a piece of the same material out of which she cut her first apron. The Bible, however, makes no mention of the menstrual function having been performed by Eve. Mustitamus, in his work on "Diseases of Women," published in 1793 (quoted by Dr. C. H. Schauer, in *Monatschrift für Geburtskunde*, 1855), gives the following theory of the origin of menstruation:

After Eve had tasted of the forbidden fruit of the tree of the knowledge of good and evil, she suddenly felt the "tickling" of the sexual appetite. She beguiled the innocent simpleton Adam to partake of this aphrodisiac, and thus the first sexual intercourse took place. All the future generations were stained by that sin, and the Eternal, therefore, afflicted her with the menstrual flow, as a forewarning to woman-kind of the *Fidei Communs*.

I do not vouch for the veracity of this story, but I cannot see any reason why our mother, Eve, should have been spared the inconveniences which all her daughters had and have to undergo.

A few years ago Dr. King (*American Journal of Obstet.*, August, 1875), tried to cast a doubt upon the "flowers" of Rachel (Gen. xxxi, 35), being blinded both by his preconceived theory of menstruation being a pathological function, and by ignorance of Hebrew. Had he read the passage in the Bible where it is related how Sarah ridiculed the idea of her giving birth to a child after "it has ceased to be with her after the manner of women" (Gen. xviii, 2), he would have had one argument less in support of his moss-begrown theory, and thus spared himself a part of the scathing criticism (*Amer. Pract.*, 1875, No. 12) of an opponent, who can as readily preach a sermon as solve a knotty problem in obstetrics, and who, above all, "thinks clear and sees straight," as Prof. Bartholow is wont to say to his class.

There is nothing new under the sun. Dr. King's theory is not of the first dye; it is only a modification of the theory of Mustitamus above mentioned. The difference lies only in the explanation of the origin of the pathology, not in the pathology itself. Mustitamus ascribes menstruation to the direct interference of a higher power, a *punishment* for a sin. Dr. King argues that civilization is at the bottom of the evil, and nature *punishes* all sins against the laws of health. Not much difference, to be sure. Dr. King may shake hands with the venerable ghost of Mustitamus; they are brethren in faith.

However, Dr. King is not an exception in the history of the development of theories of menstruation. There is not one ancient theory, however unphilosophical and illogical, which has not found adherents, or, to borrow an ecclesiastical expression, revivalists in the present century. Hippocrates taught that menstruation is a necessity to women on account of the structure of their bodies, which is porous and sponge-like. The body, therefore, takes up greedily all the liquids from the abdomen, and, should there be no channel or outlet, like that of menstruation, for the discharge of superfluous liquid, women would either burst or dissolve away. This theory has taken another shape in the hands of a modern scientist, M. Dechaux (*Gaz. Hebdom. de Med. et Chirur.*, 1875, No. 49). Lymphatism is the name given to this transmigrated theory. Dechaux maintains that a superabundance of lymph and serum is the *état nat-*

¹ In both instances are used words which originally mean way or path. In the story of Sarah is used the word Orach, and in that of Rachel, Derech. Both roots are translated by Buxtorf and Gesenius by "Via" and "Iter," and used figuratively in the sense of "manner," "custom." ("Via, Iter; metaphoricè: consuetudo." Buxt.) It is strange that the author of the article on menstruation in the "Nouveau Dictionnaire de Médecin," by Jaccoud, did not know of this passage, and begins his article with the following absurd premises: "At no epoch (he means in ancient times) was there ever recognized that the menstrual flow indicates the time of puberty, and its cessation the end of the reproductive faculty." The author ought to read the Bible.

¹ Prize Thesis at Jefferson Medical College in 1890.

urel of women. As a logical consequence of this "limpy and quasi serious" theory, he tearfully begs his brethren in profession not to touch any case of leucorrhœa or uterine catarrh, as it is nothing but natural for women to exude such matter.

The celestial bodies, in olden times, were appointed to do some extra work outside of their routine business of ruling by day and night. Thus, fair Luna was supposed to have dominion over the uterus, and to directly influence the periodicity of the monthly flow. In the second half of this century men of undisputable learning have taken up the subject anew, and, strange to say, arrived at the same conclusions (Strohl, *Gaz. Med. de Strassb.*, 1861, No. 6).

The notion entertained by all the Oriental nations, that women are unclean during the period of menstruation, gave rise to the custom of Turkish women to bathe three times a day in the menses; to wearing of colored laces by the women of Angola; to the building of special dwellings for menstruating women among the Persians (?) ("Histoire General de Voyage," vol. II, p. 240, quoted in "Darstellung der Biblischen Krankheiten"); to the seven cleansing days of the Hebrews, and even to the gentility of the Kalmuks, who do not degrade themselves by touching their wives when the latter are "unwell" (Palos, Sammlung, "Hist. Nachforsch. über manche Volkst.," quote *Ibid.*). This barbaric notion, the direct result of a more savage notion of the inferiority of women in general, has undergone a remarkable transformation in the skilful hands of Oslander, Burdach, Testa, and others (quoted in "Alte und Moderne Theorien der Menstruation," *Monatschrift für Geburtshunde*, 1855). It was found that women generate more carbonic acid gas than men, and, furthermore, that their lungs are a trifle smaller; ergo as the superfluous CO₂ has to be eliminated somehow, the learned have decided that the uterus shall do the work. Thus the uterus was promoted to the high office of supplementary lung. The clouds were dispelled, and the good men, having thrown off a great responsibility, felt relieved.

Is not this lung-uterus theory but an evolution of the Oriental notion of purification, dressed and served with all the paraphernalia of the modern scientific vocabulary?

The most venerable theory is the "plethoric." A long list of distinguished men in science, from Galen to the middle of this century, can be made of those who adhered to this theory; some contending for the original idea of a "general plethora," and others jealously defending the existence of a "local plethora."

There are still others, the malcontents, who lay all this trouble of menstruation at the door of "civilization." "Mankind has degenerated," they wail, and, à la Rousseau, they pine for a state of society where napkins shall be unknown, and staining be no more.

Great Mustitamus! Thou wast right; there is nothing worse than bad society: the company of Eve caused the fall of Adam.

Having briefly, and in a cursory way, stated the principal ancient theories of menstruation, worthy of the name, I shall approach the main subject of this essay, which aims to present, for the first time, I think, both the theory of menstruation, as it was understood by the Rabbis of the Talmud, as well as a brief summary of their observations of this phenomenon.

I shall preface it by a few words: It seems to me, as far as my limited knowledge goes, that there is at present a tendency among some obstetricians toward

discarding and throwing overboard the theory that fathers ovulation upon menstruation—a theory which is held by the majority of scientists of this day.¹ If I am not mistaken, Dr. Mary Putnam Jacobi, in her admirable work, "The Question of Rest for Women During Menstruation," has shown for the first time that all the functions of women flow in a periodical wave-like rise and fall of their vital energy. I cannot do better than to use her own words:

"As the menstrual period represents the climax in the development of a surplus of nutritive force, we should expect to find a rhythmic wave of nutrition gradually rising from a minimum point just after menstruation to a maximum just before the next flow."

Thus, Dr. Jacobi teaches us that the menstrual flow is but a local expression of a complicated rhythmic process which is silently and mysteriously walking throughout the female organism.

I cannot refrain from quoting the following from the same work, which is a summary of her theory:

"It is to the development of a supplemental wave of nutrition in the woman, in which it intersects the waves of individual nutrition that are due most of the peculiarities of the female organism, and of its activity, and not to the mere existence of reproductive organs."

It could hardly be expected that the sages of the Talmud, without the thermometer, sphygmograph, and other modern scientific appliances and facilities at their command, could have arrived at conclusions which have even a slight resemblance to that of Dr. Jacobi. Nevertheless, the Talmudists, like the poet Goethe, of whom Emerson said that "He sees at every pore, and has a certain gravitation towards truth," and that "Eyes are better, on the whole, than telescopes and microscopes" (representative men, Goethe, or the writer)—the Talmudists, I say, had a vague idea of the theory, a glimpse of the truth—if truth it be at all.

The theory held by the Rabbis, among whom R. Meir was the principal exponent, can be expressed in the following words:

The menstrual blood is the production of an extra nutritive material in the female economy, which is discharged periodically when of no use, but which is converted into milk when the woman becomes pregnant, which explains the cessation of the flow during pregnancy and lactation. (Mishna Bechoroth, sec. ii, m. 9; Nidda Babli, p. 72; Nidda Yerushalmi, p. 50; Midrash Rabba and Midrash Thanchuma, section Ki-Thazriah.)

Rabbi Meir, who is quoted as authority in all the above treatises, and who expressed this theory after the Talmudical way, in a condensed sentence of four words, Hadam neëchar venaaseh chalab—

¹ Prof. Parvin, in his work, "Science and Art of Obstetrics," after reviewing the principal theories of menstruation, both those of historical and scientific value, takes up the arguments of the opponents to the "ovulation theory," and proves them to be untenable. In summing up the subject, Dr. Parvin said:

"It is in the highest degree probable that there is a connection between ovulation and menstruation. At the same time, it must be admitted that the two may be distinct—the one occurring without the other, though they are usually associated."

Prof. Parvin mentions (*Ibid* 102) Dr. John Goodman as advancing a theory that menstruation is dependent upon a law of monthly periodicity, which must be something akin to the theory advanced by Dr. Jacobi. As I did not read Dr. Goodman's book, I give the priority of the theory to Dr. Mary Putnam Jacobi, on the principle of "ladies first."

"The blood coagulates and becomes milk"—may have said it without being conscious of the great theory he propounded. But, who can doubt the striking similarity between his theory and that of Dr. Jacobi, expressed somewhere else in the above named book:

"The woman buds as surely and as incessantly as the plant, continually generating not only the reproductive cells, but also the nutritive material, without which this would be useless."

It seems to me they (the Rabbis) reasoned logically in basing their theory upon the relation of menstruation and lactation; and, should even this theory of a "supplemental wave of nutrition," which is now gaining hold over the scientific world (*Vratch*, Nos. 50 and 51, 1889), prove to be groundless, it is, nevertheless, remarkable that simple men who lived two thousand years ago, and who studied menstruation unlike Raciborski, "merely or chiefly in the library," or, as we Russians say, "cabinet scientists," have arrived, or, at least, hinted, at the same conclusion to which a woman-genius has come, at the end of the nineteenth century, by the aid of all that scientific instruments and facilities of experiment can afford.

Now, I will state some of the observations of the Rabbis, which have no other than an historical interest.

The woman at the period of menstruation presents the following phenomena: "Yawning; stretching of muscles of the body; wind in the bowels; feeling of heaviness in the head; irritation at the umbilicus and at the orifice of vagina, and formication" (*Nidda*, sec. ix, m. 8).

"A child one day old, if it sees blood, is unclean." (*Ibid*, sec. v, m. 3).

"Five kinds of blood are unclean in women: Red, black, saffron-color, like the color of the water of Beth-Kerem, and like the color of Sharon wine." (*Ibid*, sec. ii, m. 6).

"Once in fifteen, twenty, twenty-eight, and thirty days." (*Ibid*, sec. ix, m. 8).

No definite quantity of the discharge is given.

"Women in menstruation are like the grape-vine (*Ps. cxxviii*, 3); there are vines that yield red wine, and others that yield black; some produce much, and others scantily." (*Ibid*).

R. Jehuda, following the train of thought of the above, said: "Every grape-vine yields wine, and those that do not are sterile."

This opinion of R. Jehuda, that absence of menstruation indicates sterility, was shared by all his confrères, and among the signs of a sterile woman is included also absence of menstruation.¹ A peculiar chemical (?) test was employed to differentiate between menstrual blood and other coloring matters:

"Seven materials are passed over the stain: Saliva of an empty stomach; juice of peas; urine (stale); alum, soap, Kamunya and Ashlag.² If the stain disappears it is menstrual blood, if not it is dye." (*Ibid*.)

¹ This may be either a hyperbole, or, for the purpose of making the law of cleansing more stringent, a method which they called *Geder*, erecting a "fence" around the law, so that no mistakes be made.

² If a husband becomes aware after marriage that his wife does not menstruate, he may divorce her (*Gittin*). Sterile woman was called *Ai la noth*; from *Ayal*, a ram—ram-like. The following are the symptoms: Breasts are not developed; voice masculine; no hair on pudenda; the labia do not protrude, and absence of menstruation (*Yeba noth Babli*).

³ Rashi, the great Talmudical commentator interpretes the two last as "two herbs used for cleansing the hands."

In a discussion about the period¹ in the life of women when they are permitted to have sexual intercourse without using a witness, the following² are enumerated: "A young girl; in pregnancy; in lactation, and an old woman. When is she called a young girl (*Bethulah*)? Before the establishment of menstruation. When does pregnancy commence? From time of quickening. When does lactation end? When the child is weaned. What is meant by an 'old woman'? When her woman friends call her so. R. Simeon said, when she is called 'granny' and she is not ashamed." (*Ibid*, *Babli*, p. 9. *Ibid*, *Yerush*, p. 49.)

"The blood of menstruation is dirty (mixed with mucus); the blood of ruptured hymen is clean; the first is of a red color, the other is not; the blood of menstruation comes from the uterus, while the blood of a ruptured hymen comes from the walls of the vagina." (*Ibid*, *Yerush*, last page.)

"Napkins should not be made of colored cloth or hemp; but of cotton or white wool." (*Ibid*, *Babli*, p. 17.)

"A woman may menstruate shortly after death." (*Ibid*, p. 71.)

The subject of Rules, which is treated in different Tractats of the Talmud, and especially in the Tractat of *Nidda*,³ if gathered together and condensed would fill a large volume. Suffice it to say that the laws are very rigid, and they were obeyed to the letter. I will give a few instances by way of illustration.

"When a *Nidda* is in the house no priest⁴ ought to enter it. (*Lekoch Kemach*, quoted in *Pachad Yitzchok*.)

"She is not to eat with him⁵ (husband) at the same table unless they put something on the table to remind them of the state of things, or else make a partition." (*Sabbath Babli*, p. 11.)

A pathetic story is related of a man "who read much, studied much, and served the wise men much," and died in the prime of youth. His wife, grief stricken and distracted, took the philacteries (*Thephilin*) of her dead husband, and went from one college to the other asking the Rabbis: "Is it not written in the philacteries 'To love thy God, to hearken to his voice, and cleave to him, for he is thy life and the length of thy days?'" (*Deut. xxx*, 20.) Nobody answered the poor woman. At last she came before R. Simeon. He asked her, "My daughter, how was it during menstruation?" "Heaven forbid," she answered, "he did not touch even my lit-

¹ The Talmudists were careful not to give any definite time of the cessation of the flow, probably for the same reason as stated in previous note.

² The napkin is called "witness" (*Ed*). Before and after each sexual intercourse, the wife, as well as the husband, had to "examine the witnesses," lest there be found menstrual blood, in which case the law prescribes an immediate separation.

³ "Separatio; Impuritas mulierum menstrua. Buxtorf." The word is derived from *Nod*, to wander, isolate, whence "the land of *Nod*" where Cain dwelt after he "went out from the presence of the Lord."

⁴ The great anxiety not to pollute the holy vessels of the Temple by the menstrual flow is illustrated by a story told of a servant girl of R. Gambiel who carried wine for the Temple, and she "examined the witnesses" between one pitcher and the other. (*Nidda*, *Yerush*, p. 49.)

⁵ The dread of the husband and the tricks they employed to get out of the way of temptation is simply astonishing. *Itzhok Bor Joseph* had a large kettle placed in bed between him and his wife while she had the menses. *Palti Ben Laish*, it is said, used a sword as a partition. (*Ibid*, p. 49.)

the finger." The stern old man again asked: "And during the seven cleansing days?" "He ate with me, he slept with me in one bed, but he never attempted to do anything else." The venerable R. Simeon arose, and in a devout manner slowly said: "Blessed be the Lord who is the righteous judge, for it is said (Levit. xviii, 19) 'And a woman in the separation of her uncleanness shalt thou not approach.'" (Sabbath Babli, p. 102.)

The Rabbis endeavored always to give some rational reason for certain laws and statutes of the Bible. Concerning the law of Nidda, the following two reasons are given:

1. The children born of cohabitation during menstruation will be lepers. (Nidda, Midrash Robba and Thauchma, section Metzora.)

2. "Why has the Thorah (Law) prescribed that a Nidda should count seven days? Because he (the husband) is familiar with her, and gets tired of her, and may dislike her; therefore, she shall be unclean for seven days, so that she may be as dear and beloved by him as when she entered for the first time under the chuppa (canopy)." (Nidda, Bab., p. 31.)

Of vicarious or irregular menstruation there is no mention in the Talmud, except a solitary case of the latter. A woman came to R. Eliezer with a stain, desiring to know whether it was menstrual blood. R. Eliezer, as the Talmud tells us, was a great expert in the analysis of such cases, and he said it was caused by great sexual desire which was not gratified. The woman confirmed it by telling that her husband was away, and she was thinking of him, and then she noticed the blood.

I think that the view of R. Eliezer of the cause of irregular menstruation is more logical, if not true, than the theory of Emmett (*alte und Moderne Theorien der Menstruation*), which I omitted at the beginning of this essay, a theory which would make all woman-kind blush, and which announces to the world that "the menstrual fluid is due to uterine congestion caused by *orgasme veneris*."

PHILADELPHIA, FEBRUARY 10, 1890.

TABLET TRITURATES IN COUNTRY PRACTICE.

By H. P. NOTTAGE, M.D.

Former Assistant Editor of the *Annals of Gynecology*.

TABLET triturates have certainly reduced the drudgery of the country physician much—very much. If I were obliged to prepare and dispense four ounce and half pint Galenical preparations entirely, I doubt if I would be satisfied to remain in the country; but the products of improved pharmaceutical methods in the line of triturates and granules have made dispensing a pleasure to me. Indeed, if I were

¹ There are Jewish young men now who can remember the time when they were little children, and wondering at the strange behavior of their parents at certain intervals for the period of ten to twelve days. For instance, while at the table mother would not sit in her usual seat, near the husband, but between two children, or further away; she would never hand the soup to father, but let somebody else do it, or place it on the table where he could reach it. When one forgot about the whole affair and touched the other, the second party would start as if pierced by a dagger or bitten by a snake. Yet they were friendly; they talked gently one with the other, and, it seemed, even more obliging and solicitous than at any other time. The most mysterious instant for a child was, when on an early morning, around the table, father would touch mother, and she would give him a significant glance which the children could not understand, but if it was not missed, it was a sure sign that the strange fits were about to come over father and mother.

to return to the city I should certainly do my own dispensing, for the most part. I occasionally find it necessary to prepare a mixture or solution, but not often.

One can obtain a good idea of the mental acquisitions of a man by looking through his library, and noting his journals and newspapers. I can obtain a fair knowledge of a brother physician by a look through his medicine case.

We are apt to imagine that the country doctor is away behind the times, and does not keep posted in the advances made in therapeutics. This belief is due largely to the fact that he does not write much for the journals. It is thought by us country doctors that some in the cities fairly write themselves into practice. We think so because of the number of useless articles that are seen in the journals, which evidently come from young and inexperienced physicians. We do not feel the stimulus that comes from this incentive; and also because we do not have access to the medical library to consult authorities, many records of interesting cases never see the light.

A glimpse into the satchel of many a country doctor would astonish a city physician who sends a good fraction of his practice to specialists. He might also be surprised to find there some of the newer drugs which he imagined had not yet found their way to the country.

To do one's dispensing mainly with triturates requires a peculiar case for carrying medicines. I could not find one that suited me, so I had one made to order, of cherry wood. In the hope that my case may afford suggestions to others who are doing their own dispensing, I will open it for them a moment. It has two compartments, and when open lies on the table flat with all the bottles at the same level. The bottles are so put in that they are all right side up when the case is open and facing the right way. When closed it is fifteen inches long, ten and a half wide and two and a half thick. A leather handle is attached to each half, and they are held together in one hand, so that it is impossible for the two halves to fly open while carrying the case. It contains three rows of half ounce French square prescription vials on a side, sixteen vials in each row. A detachable cover fits down over each side to keep the bottles from falling out when the case is opened.

This case filled would be rather heavy for a city physician who does some walking, but in the country the case is carried in the buggy the most of the time. The contents of the case are as follows:

LIQUIDS.

Tinctures.—Aconite, bryonia, opium, iodine, iron, rhus tox., cannabis indica.

Extracts.—Gelsemium, veratrum vir., ergot, belladonna, viburnum, aconite.

Solutions, etc.—Chlorodyne, "bronchitis mixture," spts. ammon. aromat., spts. aeth. nitr., alcohol, elixir of pepsine, Fowler's solution, chloroform, chloral and bromide mixture, Hoffman's anodyne, Metcalf's "sciatica" prescription of acon., cimicifuga, bell., and colch.

TRITURATES.

Tinctures.—Pulsatilla, hydrastis, squills, strophanthus.

Extracts.—Jaborandi, cannabis indica, arseniate and sulphate of strychnine, brucine, citrate of caffeine, cocaine, iodoform, sulphate of atropine, zinc phosphide, gelsemine, acid arsenious, veratrine, acid benzoic, iron arseniate, sodium arseniate, euonymin,

quinine arseniate, morphia and atropia, digitaline, colchicine, hydrastine, codeine, acid salicylic, camphor monobrom., ferrum phos, podophyllin, calcium sulphide, trinitrin, cuprum arsenite, lithia carb., eserine sulph., macrotin, arsenic iodide, antifebrin, ol. tigilium.

That seems like a very long list, but it is none too long when one is away from "civilization," drug stores, and confrères.

CASES ILLUSTRATING THE USE OF THE ABOVE.

Mr. S., aged seventy years, was taken with a severe chill on a Sunday afternoon, with violent headache, rapid, full, irregular pulse, temperature 103.6°, slight hacking cough, scanty expectoration. Patient has been treated before for some heart trouble.

Treatment.—Six drops of ext. acon., twenty drops ext. verat. in a glass full of water, teaspoonful every half hour until skin is moist, then every hour. For the headache: one-third grain of cit. caffeine every half hour until relieved. Arseniate of strychnine one-hundredth gr. every hour, and digitaline one-sixtieth gr. every two hours. At midnight, patient broke out into profuse sweat, headache relieved, went to sleep. Temperature, on the following morning, 100.6°. Treatment the same, at hourly intervals. On Wednesday, the temperature was normal and remained so. Pulse was regular and full under the digitaline.

Mrs. C., aged sixty-two years. Has had winter cough since she could remember; came on again a week ago; coughs night and day. Expectoration profuse and watery, dyspnoea on slight exertion; obliged to keep in her chair. Last winter the cough lasted eight weeks.

Treatment.—Ext. acon. bell., tinct. bryonia, gtt. six, five, fifteen, in glass of water, teaspoonful every two hours, with one-tenth calc. sulphide, strychn. sulph. one-fiftieth gr., and iodide of arsenic one-hundredth gr., every four hours. Two days later marked improvement in respiration and cough. Treatment the same. Three days from last visit: goes about her work with no dyspnoea, does not cough or raise so much. Treatment the same with double the quantity of bryonia. Five days later: does not cough at all in the night, is cheerful and almost free from cough in the day time. Treatment: Left off calc. sulph., and gave the other medicines together every four hours.

Mr. R., aged thirty years; mother died of phthisis; had bronchitis a year ago, and pleurisy in left side, has coughed ever since, and had more or less pain in left side. Lost about twenty pounds; cannot work. No fever during the day, but a little at night. Lungs negative, but a few coarse rales of bronchitis.

Treatment.—For the feverish symptoms, aconite every hour, commencing at 4 o'clock P.M., until bedtime; then one thirtieth gr. of digitaline. Every two hours one-tenth gr. of calc. sulph. Every four hours one-fiftieth gr. strychn. sulph. for the respiratory center and vitality, sod. arsenite one-thirtieth gr. for malnutrition, iodoform one-fifth gr. to begin with as an expectorant, alterative, and germicide. Chloroform water ad libitum for the cough. Patient is gaining rapidly under this treatment. It remains to be seen whether he will be cured.

Mr. S., aged thirty-five years. Has had angina pectoris for a week; found him doubled up on a lounge, fearing that he was about to die. A physician had prescribed bromide of potash and valerian with apparently no benefit. Gave him one-hundredth grain of trinitrin, and five-hundredth grain of atropine sulph. In ten minutes he sat up and began to

converse. I then repeated the dose. In ten minutes more he went out into the other room after his pipe, came back and had a smoke. Pain still there, but diminishing. Pulse, which had been small and irregular, was now full and more regular.

Treatment.—Strychn. sulph. one-hundredth gr., digitaline one-sixtieth gr., trinitrin one-hundredth gr., and acid arsenious one-sixtieth gr. every four hours. The trinitrin and digitaline are to be discontinued when the pain has been absent a few days. Saw patient in two days, and found him free from pain, except occasional headache, possibly due to the trinitrin.

Miss T., aged thirteen years, has had acute coryza for two days. Says her "nose runs a stream." Conjunctivitis, tears running down face, cannot bear the light, slight cough. Aconite, belladonna and calcium sulphide every hour, with inhalations of the fumes of camphor on boiling water every eight hours completely aborted the attack in twenty-four hours.

I have found valuable suggestions for the use of the alkaloids and the treatment of acute diseases in what is known as the "Dosimetric Method." It will be observed that some of the drugs in my case are employed by the homœopaths, and, when I use them in appreciable doses in accordance with the symptoms, I get very good results.

As I do not practice according to any exclusive system, I glean from all fields, and give credit where credit is due.

Society Notes.

THE PHILADELPHIA ELECTRO-THERAPEUTIC SOCIETY.

WM. H. WALLING, M.D., Secretary.

THE February meeting of this society was held at 36 North Nineteenth street, February 8. President G. Betton Massey, M.D., in the chair. The minutes of the last meeting having been read and approved, and the Treasurer's report having been received and accepted, the society went into the election of officers for the ensuing year, with the following result:

President, Matthew W. Grier, M.D.; Vice-Presidents, I. P. Willits, M.D., and Horatio R. Bigelow, M.D.; Secretary and Treasurer, Wm. H. Walling, M.D.; Executive Council, Drs. G. Betton Massey, J. J. Taylor, and W. H. Walling.

DR. MASSEY then read the following paper:

ELECTRO PUNCTURE OF A CYSTIC GOITRE; DISAPPEARANCE OF BOTH CYST AND GOITRE.

A maiden lady, aged forty-one years, was brought to me by Dr. Emily W. Wyeth, October 1, 1889, with an irregularly shaped goitre, about the size of a small orange. The left lobe was much the larger and was the seat of a monocyte of considerable proportions which had increased very much during the last year, the growth having been noticed about seventeen years. The circumference of the neck at this point was sixteen and three-eighths inches. Treatment was begun by a negative puncture of the cyst with a solid needle, 35 milliamperes being used for fifteen minutes. This was followed by a considerable oozing of a straw-colored liquid. Four days later the cyst was evacuated of its contents, measuring an ounce and a half, and 40 ma. negative applied to the cyst walls for ten minutes, by means of the canula acting

as an electrode, the latter being insulated as far as the cavity. This procedure was repeated five times subsequently, with current strengths rising to 100 ma., the cavity being permitted to refill after each puncture. Careful measurements showed that the cyst was refilling more slowly after each application, but on December 9, it was decided by Dr. Wyeth and myself to make a free opening and apply the positive pole, by means of a gold bulb electrode, to all sides of the cavity at stated intervals, maintaining free drainage in the meantime. This procedure was required but twice, with currents of 100 and of 50 ma., the drainage tube, which was most assiduously looked after by Dr. Wyeth, being gradually shortened and removed on the seventh day. During this time the patient suffered a slight rise of temperature, due to a temporary obstruction of the discharge by accidental removal of the tube. By February 21, nothing remained of the growth but a cicatricial lump about the size of a peach stone, and two months later this had also disappeared without further treatment.

Discussion.—Dr. GREEN: Has never treated the cystic variety, but has used outward applications on true goitre, with currents of not over twenty-five ma. He used tin electrodes covered with muslin, placing the positive pole on the inferior cervical ganglion, and two negative plates upon the tumor, one on each side. The sittings lasted for five minutes each, being repeated three times a week, for from two to three months. Some preparation of the iodides were also used. Favorable results were obtained in about fifty per cent. of the cases.

Dr. PETERSON spoke of a case in which the fluid extract of ergot was used, with good effect, being applied to the tumor upon the positive pole.

Dr. BIGLOW: There is a canton in Switzerland in which you cannot walk out without meeting a goitre. The disease is not confined to those who drink the waters, neither to those who carry heavy burdens on their heads.

Dr. Biglow could not see why the same treatment should not be followed in a fibroid in the neck, as well as in any other part of the body.

In a cystic tumor the action of the current was: 1. Electrolysis. 2. The arresting of the secretion, and 3. To compel absorption. He also thought that constriction should act well in such cases. Dr. Neggaroth uses the faradic current in overcoming ovarian cysts. He applies the negative pole to the ovaries, per vagina, and the positive on the abdomen, using swelling currents for an hour at a sitting, obtaining good results in six weeks. It must be the heavy voltage that acts so favorably, and if in one case, why not in another?

Dr. GREEN had used faradism in goitre, but abandoned it on account of its unpleasant effects.

Dr. WALLING: Dr. Massey says that he emptied the cyst before applying the galvanic current. We must be guided by experience, as well as by theory. Why was the positive used? Was not the negative pole the one indicated? In the treatment of hydrocele, Dr. Walling does not drain the sac, unless it is extremely distended, and then but little. Use the negative needle in the tumor, and the positive on the thigh, with a current strength of fifteen ma. for fifteen or twenty minutes. He had excellent results in such cases. Scarcely any inflammation followed, and the contents of the cysts were rapidly absorbed, with obliteration of the sacs.

He had used the strong faradic current, but saw no benefit from it, although it caused strong contractions of the muscles. Why not treat other cysts in the

same way? You cannot reach all parts of the surface of the sac, after emptying it, while some parts would be unduly acted upon, tending to set up too much inflammation. What better electrolytic than the fluid in the sac, thus reaching every portion alike.

Dr. MASSEY said he was disposed to regard the faradic current as of no value in cystic tumors; but in one case, where a cyst developed in a fibroid, he used a strong faradic current with great advantage. He regarded aseptic aspiration, followed by electrolytic puncture, as the best procedure in cystic conditions.

Adjourned.

The Polyclinic.

MEDICO-CHIRURGICAL HOSPITAL.

HYPERMETROPIA is always due to a defective eye-ball, never to inflammatory processes, as is myopia sometimes.—Keyser.

For a serpiginous ulcer of the cornea, Keyser prescribed the following ointment to be placed in the eye three times daily, the lid to be closed after each application:

R.—Iodoformi..... gr. v.
Adipis benz..... ʒj.
Ft. ung.

Commenting on the disease, he said: This is a very painful disease on account of the exposure of the fine corneal nerves. The cause is really not exactly known, although some of the well-known ophthalmologists and investigators claim it arises by the development of a bacillus in the superficial layer of the cornea. . . The lesion looks much like an abrasion. Sometimes the deeper layers are invaded, when, generally, the formation of an abscess is likely to occur. When this is the case, a mydriatic or myotic should be used according as the ulcer is near the center or margin of the cornea, to guard against the possibility of the iris falling into the abscess cavity in case it ruptures. Cocaine should not be used in this disease, because it contracts the blood-vessels, thus lessening the supply of nutrition to the cornea; which, in consequence, is liable to undergo necrosis. Intense pain also follows the disappearance of its effects, caused by a too rapid dilatation of the blood-vessels. To relieve the pain, applications of warm water are useful, and if the deeper tissues are involved, a compress bandage should be applied. The eye should be washed with antiseptic solutions of corrosive sublimate or boric acid.

In interstitial keratitis, give internally syrup of hydropic acid, gtt. xv in water, thrice daily.—Keyser.

In a case of blepharitis marginalis, Keyser touched edge of lids with a gr. x-to-the-ʒj solution of silver nitrate, and gave patient the following ointment to apply to the lids:

R.—Hydrargyri oxidi flavii..... gr. ss.
Adipis benz..... ʒj.
Ft. ung.

Trachoma was formerly supposed to be only a severe form of granular conjunctivitis, but at the late Berlin Congress it was shown to be an entirely distinct disease, and of bacterial origin.—Keyser.

Commenting on the treatment of cholera infantum, Waugh said: Children are very readily narcotized in this disease. Even a quarter of a grain of opium may cause the pupils to contract to a pin point and the respirations to be reduced to twelve. Further, opium favors the development of micro-organisms.

In simple catarrhal diarrhoea it may be of service, but when there is microbic infection it should never be given. In such cases the sulpho carbolate of zinc is valuable. The pure salt is white and crystalline, the impure is effloresced and of a dirty color. It should be given persistently until the stools lose their foetid odor and vomiting is checked. It may also be administered in enemas, four to five grains in a few ounces of flaxseed tea. Stimulants, gtt. x xx of brandy with cracked ice, may be given to a child one year old. Nitro-glycerine ($\frac{1}{100}$ gr.) will have a good effect on the heart. Inunctions of lard over the abdomen, together with a broad flannel bandage to support it, will avail much, as will also bathing the child from head to foot in warm cod-liver oil. A small quantity of opium may be given to arrest excessive peristaltic action.

Laplace gives the following as his theory for the pathological deposition of pigments: Cells in a state of pathological proliferation are diminished in vitality in proportion to the rapidity of their reproduction. The youngest cells, therefore, are in the state of lowest vitality. Hence, by a process analogous to the process of calcification, known as calcareous degeneration, as observed in the aged, and organs of diminished vitality—tuberculous lung—these partially devitalized cells admit of such chemical union with the blood as results in the deposition of pigment within them. The examination of a melanotic cancer under the microscope shows the pigmented cells to be those that have infiltrated; that are farthest away from the center of the gland, hence are the youngest cells. Being of lower vitality, they are unable to resist degenerative changes.

The absorption of the secretion, due to the irritation produced by head lice, has been shown by a foreign investigator, to be the source of a general infection of the lymphatic glands, giving rise to Hodgkin's disease in children under ten years of age.

—Laplace.

The pus of a psoas abscess, says Pancoast, sometimes travels to the posterior part of the thigh through a triangular opening, which he calls the innominate foramen, that exists between the obturator externus (superiorly) and the upper border of the adductor magnus (inferiorly). The femur at the junction of the neck and lesser trochanter forms the antero-external boundary of this opening.

When a Colles' fracture is suspected the relative positions of the styloid processes of the radius and ulna should be determined. Normally the radial process is about the width of a finger in advance of the ulnar process. In Colles' fracture they will be found to be in the same transverse line owing to the retraction of the radial process. Observation of this fact will aid you to make a correct diagnosis.—Laplace.

For alopecia circumscripta, Shoemaker prescribed:

Externally—
R.—Ung. oleat. hydrarg. 3j.
Acidi carbolici. gr. v.
Ext. nucis vomicæ. gr. x.
M. ft. ung.—Sig. Rub in night and morning.

Internally—

R.—Ext. ignatiæ amaræ. gr. ij.
Sodii arsenitis. gr. j.
Ferri pyrophosphatis. gr. xl.
M. ft. pil., No. xx.—S. A pill, t. i. d.

For eczema of limbs, when due to varicose condition of veins, Shoemaker recommends extract hamamelidis fl. gtt. xv; in glycerine, 3j, t. i. d. In addition to supporting bandage, he would apply to the limb the following ointment:

R.—Beta naphthol.
Camphoræ. aa gr. x.
Ung. hydrarg. nitratis. 3ij.
Ung. aquæ rosæ. 3j.
Ft. ung.

In the treatment of chorea, Waugh regards cimicifuga the most valuable remedy. He uses an infusion made from the fresh root, which he has gathered for him from the woods. The root furnished by druggists he has found to be worthless.

In a case of eczema marginata, Shoemaker prescribed hoang nau internally, and the following ointment:

R.—Ol. cadini. 3j.
Acidi borici. 3ss.
Ung. zinci oxidi benz. 3j.
Hydrarg. ammoniati. gr. x.
Ung. aquæ rosæ. 3ss.
Ft. ung.

For crusta lacta in children, Shoemaker prescribes internally:

R.—Syr. phosphat. comp. 3j.
Ext. malti fl. 3iv.
M.—S. 3j. four times daily.

For the scalp—

R.—Ol. cadini. 3ij.
Ol. morrhue. 3v.
M.—S. Rub well in.

When a soothing, sedative, astringent effect is desired upon the skin, applications of the following ointment will be found useful:

R.—Plumbi carbonatis. 3j.
Morphinæ sulph. gr. v.
Menthol. 3j.
Ol. eucalypti. m.x.
Ung. zinci ox. benz. 3j.
Ft. ung.

Progressive myopia is a very serious affection, next to glaucoma in point of gravity. Intra-ocular hemorrhage may occur between retina and choroid—also detachment of the retina is liable to take place—total blindness ensuing. Give the following pill, and the injunction that the eye must be kept absolutely at rest, and protected from bright lights by smoke-glasses:

R.—Hydrargyri bichloridi. gr. j.
Ext. belladonnæ. gr. ij.
M. ft. pil., No. xx.—S. A pill t. i. d.

The old method of needling or of conching a cataractous lens into the posterior chamber is a dangerous one, if the lens contain a foreign body. It should always be extracted.—Keyser.

FOR URTICARIA—Sponge with saturated solution bicarbonate of soda, from head to foot.

—Stewart, *Med. Brief.*

FOR BRONCHITIS AND ASTHMA—

R.—Ammonii chloridi. 3ij.
Ant. et potas. tart. gr. ij.
Morphinæ bromid. gr. ij.
Ext. glycyrrhizæ fl. 3ss.
Syr. toluantæ. q. s. ad 3iv.
M.—Sig. Teaspoonful every three hours.

—Burford, *Dixie Doctor.*

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HYPNOSIS.

THE investigating spirit of the age leads us frequently into paths which promise pleasantly for us, but which are, like Edward Bellamy's side-walks, so covered with awnings as to exclude all contact with that freshness which the rain pours upon the earth.

As the investigator pushes his way, he is occasionally brought face to face with some obstacle for whose existence he is unable to account. Phenomena spring up at every turn, demanding his attention, and each one of them suggests a hundred more phenomena "worse than the first," and new problems arise, demanding constant solution.

Among the problems which science has set our modern investigator, none holds a more alluring place than hypnotism. Many are the questions to which it gives rise, and few indeed, it seems to us, have been the solutions. Let us look at some of the facts which hypnotists claim to have established.

They divide hypnotism into three stages—lethargy, somnambulism, and catalepsy. The first of these may often be self-induced, the second is easily induced in those who are considered good subjects and who have been under training, and the third is familiar to all those who have seen Henry Irving in "The Bells." Now, just here arises a difficulty. The first of these stages is dangerous, because it is so easily wielded that the temptation is great in the hands of an inexperienced or unscrupulous performer; but in such a person's hands the second is infinitely more dangerous. Playing with such agents is like that pastime known in popular parlance as "monkeying with a buzz-saw." And yet constantly we read of cases of inexperienced persons endeavoring to amaze audiences by their skill in the hypnotic art. The persons who thus use this power are, undoubtedly, not aware of the dangerous weapon which they hold in their hands.

But by thoughtful, talented men of the medical profession, this agent may be used either as an anæ-

thetic or for therapeutic purposes. In their hands it may be made an instrument of good to highly-strung patients. But even these are bound to consider the effect upon the patient of this powerful anæsthetic. It must be their care to use it with caution and discretion.

We are glad to see that the New York Medico-Legal Society has set itself to a consideration of the question, and to print, in this connection, the questions which have presented themselves to their Committee on Hypnotism, as meriting consideration from a legal point of view, commending the subject in general to the earnest consideration of our readers as a subject not easily to be set aside either by skepticism or science.

The following are the questions the committee propounds:

1. Has the sensitive sought the operator, or has the operator used undue influence to gain control of him?
2. Are proper witnesses present?
3. Are possible elements of error eliminated, such as self-deception, simulation, and malingering?
4. Is hypnotism a justifiable inquisitorial agent?
5. Do we need a reconstruction of the laws of evidence in view of the perversion—visual and otherwise—created by the trance?
6. Is any revision of the Penal Code desirable in view of these facts?

Finally, should there be legal surveillance over private experiments or public exhibitions?

The committee will welcome suggestions on these or on other points, and any instructions as to methods of investigation of the matter referred to them by the society.

Annotations.

THE St. Louis *Clinique* begins its fourth volume with a new and handsome cover, fifty pages of very carefully edited matter, and all the marks of a well-earned prosperity.

PHILADELPHIA may be pretty slow; but none of her medical journals ever utilized a photograph of Agnes Huntington with a few ink scratches on it, to represent an old Irish woman of sixty years, with multiple aneurism. *Vide Boston Medical and Surgical Journal*, February 5, p. 136.

THE death of Dr. Elisha Sterling, of Cleveland, reminds us of an incident that illustrates his fertility of resource. A gentleman called to see Dr. Sterling, with epistaxis that had continued for two days, resisting all the efforts at suppression. Dr. Sterling quietly took out a piece of leather, and began scraping it with a sharp knife. When he had obtained quite a little heap of the shavings, he proceeded to pack the nostril with them. The slight swelling, when the leather was moistened, effectually stopped the hemorrhage.

IT WILL be remembered that La Verrier and Adams, one in France and the other in England, by the same line of mathematical calculation without

any communication with each other, located the new planet where it was afterward seen by the telescope, and published the results of their works at the same time. It seems now that while Dr. Koch has been quietly working in his laboratory, an American physician, Dr. Dixon, of Philadelphia, has, without any knowledge of Dr. Koch's work in pursuing nearly the same line of investigation, reached in theory, in the results obtained and in the fluid, almost identical conclusions.—*N. Y. Med. Times.*

A FINDLAY girl is said to be "puzzling the doctors." From the right eye one of them had taken fifty-four pieces of glass; and left the eye entirely clear of that material. But the next day she came back and had fifty-four more removed. We often notice these cases in the dailies, and marvel greatly at the ease with which our colleagues are "puzzled" by cases that do not appear to have anything in them to puzzle a man of ordinary common sense; much less the combined medical wisdom of the neighborhood. If Findlay were a town where the city ordinances provided a McKinley tariff on glass, so that there was none of it within the girl's reach when she felt like filling her eyes up with this vitreous substance, there would be reason to wonder. But Findlayites look through well-glazed windows, and take observations of the sun through beer-glasses, like the rest of the world.

THE MARINE HOSPITAL SERVICE.

THE report of Surgeon-General Hamilton, of the Marine Hospital Service, which now lies before us, is a document of great interest and considerable importance. Among the subjects considered, besides official business of the Department, are: The public health; quarantines, national and interstate; an account of United States and European marine hospitals; management of hospitals; aids to marine hospital management, etc. Physicians cannot fail to find on every page matter of great value. Special interest attaches to the well illustrated articles on hospitals.

From the report on marine hospital management, as well as from that on aids to hospital management, the physician may gather much that will stand him in good stead. Full lists of cases, with treatment, are given towards the close of the report. The necropsy given at the end of each fatal case should be especially studied. The conclusion at which everybody must arrive is that this department of our national service has accomplished a great work in the past year.

DA COSTA ON KOCH'S LYMPH.

AT a recent clinic at the Pennsylvania Hospital, Professor J. M. DaCosta spoke at length concerning the results of the use of the lymph. He exhibited a patient who had been pronounced a fit subject for this treatment, and had received several injections. As usual, the patient was somewhat sanguine in his expectations of benefit. The sputa had become more profuse however, and no diminution in the number of bacilli was yet manifest. The benefit accruing was but slight.

As to the general effect of the lymph, the speaker was quite positive. The question was, "Was the patient cured?" In his opinion it was much too early to claim a cure. He objected to the employment of the lymph as a means of diagnosis. Such a

proceeding he characterized as cruel and unjustifiable.

This is the verdict given by the man who has for many years represented the best aspect of that conservatism for which Philadelphia is noted. There are varying degrees of this quality among our leading physicians, but no one more happily unites enterprise in putting new ideas upon trial and cool judgment in estimating the results.

METHYLENE CHLORIDE.

AN exceedingly dangerous note appears in the current number of Merck's Index concerning methylene chloride. Under this name Sir Spencer Wells has for years employed an anæsthetic, which, according to Merck, is not the true methylene chloride, but a mixture of four volumes of chloroform with one of methyl alcohol. Wells has stated that, whatever the chemical nature of the substance supplied to him, and used under this name, it has proved in his hands the ideal anæsthetic—agreeable, sure and perfectly safe—in over two thousand cases. Now, Merck recommends that unless the English preparation is specified, the pharmacist should dispense the true methylene bichloride. The German manufacturer quotes, under the head of methylene bichloride, Wells' and Richardson's remarks concerning the English preparation, and then advises pharmacists to substitute an entirely different substance; one that has been authoritatively pronounced too dangerous for anæsthetic use. As very few of those who read Sir Spencer Wells' widely-copied statement can possibly know these facts, the result of Merck's advice may be disastrous to those who follow it. Our own advice to those who wish to employ the agent so highly lauded by Wells, is to avoid all mention of methylene in their prescriptions, and order the mixture as given above.

THE message of the Governor of Illinois contains the following reference to the State Board of Health:

The State Board of Health has proved an efficient agency in the preservation of the public health. The able and prudent manner in which the affairs have been conducted during the past two years, entitle it to the renewed confidence of the people and the continued support of the General Assembly. In recent years much time has been devoted by the Board to an examination of the water supply of the State and the pollution of its streams. A thorough study of the Illinois river basin has been made, with a view to sanitary engineering, and the pollution of that stream by Chicago sewage has been the subject of continued investigation and consideration.

With the exception of the influenza, to a study of which disease the Board devoted much time and thought, the health of the State has been unusually good. Diphtheria, scarlet fever, and typhoid fever have prevailed at times in certain localities in the State, but were generally brought under control when the instructions of the Board were obeyed. In many cases, the advice of the Board was wholly disregarded, and, as a result, a spread of the disease usually followed. The law should be amended so as to make it obligatory upon the local authorities to report promptly all diseases of this character to the Board of Health. A law of this kind would enable the Board to act promptly and efficiently in checking the spread of contagious diseases.

In addition to its other duties, the Board has given considerable of its time and attention to the work of elevating the standard of the medical profession in the State, and, as a result, the interests of the afflicted have been conserved by driving from active practice many who were not qualified to belong to this highly useful and honorable profession.

The able reports made by the Board from time to time contain valuable facts and statistics, and to these I respectfully refer you for more exact and complete information touching this very interesting and important subject.

The contingent fund appropriated by the last General Assembly has remained untouched, which proves that the Board has conducted its affairs with prudence and economy. The usual appropriation is asked at the hands of the present General Assembly, and I do not see how it can be reduced without impairing the efficiency of the Board.

Book Notices.

THE MEDICAL NEWS VISITING-LIST FOR 1891. Weekly (dated for thirty patients); Monthly (undated, for one hundred and twenty patients per month); Perpetual (undated, for thirty patients weekly, per year); and Perpetual (undated, for sixty patients weekly, per year). The first three styles contain thirty-two pages of data and one hundred and seventy-six pages of blanks. The Sixty-Patient Perpetual consists of two hundred and fifty-six pages of blanks. Each style in one wallet-shaped book, pocket pencil, rubber, erasable tablet, etc. Leather, \$1.25. Philadelphia: Lea Bros & Co., 1890.

BOOK NEWS (Phila.) for February appears promptly with reviews and illustrations of the more important of the month's books, and short descriptive notices of books of less note, giving, as a whole, a clear view over the entire field of literature. Portraits and sketches of authors—Professor Drummond, Charles Carleton Coffin and Ellen Olney Kirk—a newsy letter from Boston, Talcott Williams' scholarly criticisms, with other notes and items of happenings in the book world, keep this issue up to the standard, "the best literary magazine of the kind published." The wonder is the price should be only five cents a copy. This number contains also a very good portrait of the late historian, George Bancroft.

THE CARE OF THE EYES IN HEALTH AND DISEASE. By D. N. SKINNER, M.D. Boston: J. G. Cupples, 1891. 16mo. pp. 116. Price, 75 cents.

It is a pity that this book is so badly written, as it is a very useful little manual. A careful attention to grammar and grammatical construction would have been a material assistance to the reader. But in spite of this defect we know of no book on the eye, its structure, care and cure, which is likely to prove so valuable to the layman as Dr. Skinner's book. He has left no point untouched which will help us in caring for the eye. In fact, his object has been, not to show how the eye may be cured in disease, but how it may be cared for and kept in good condition. Of special value to the large class of "old women doctors" and friendly amateurs is the author's advice on self-treatment and its injurious results. "Poultices," he says, "unwittingly applied to inflamed eyes, have repeatedly been known to destroy the eye in a few hours." The application of tea-grounds or alum

curds, so indiscriminately indulged in, has sometimes a ruinous tendency, for it often happens that what may appear to the sufferer, or his friends, but a simple conjunctivitis has turned out to be a deeply-seated and very important malady."

The book is evidently written for the laity and must prove of great value to them.

Pamphlets.

An Interesting Pamphlet on the Cure of Stammering is issued by the Bryant School of New York city.

Use and Abuse of the Obstetrical Forceps. By Eugene Prosper Bernardy, M.D., of Philadelphia. Reprinted from *Transactions*, 1890.

Mechanical Obstruction in Diseases of the Uterus. By George F. Hulbert, M.D., of St. Louis, Mo. From *The Medical News*, December 20, 1890.

Rhus Toxicodendron in Intra and Extra-Thoracic Disorders. By Edward R. Snader, M.D., Philadelphia. Reprinted from *The Hahnemannian Monthly*, January, 1891.

A Case of Stricture Followed by Rupture of the Urethra and Extravasation of Urine. External Urethrotomy. Recovery. By J. Blake White, M.D., Physician to Charity Hospital, New York, etc. Reprinted from *The Medical Record*, December 27, 1890.

Remarks on the Intra-pulmonary and Subcutaneous Treatment of Tuberculosis. By John Blake White, M.D., Physician to Charity Hospital, New York, etc. Reprinted from *The Medical Record*, December 27, 1890.

Stoop and Round Shoulders; their Relation to Chest Expansion and Phthisis Pulmonalis. By Edward R. Snader, M.D., Lecturer on Physical Diagnosis at Hahnemann Medical College, Philadelphia. Read before the State Society, and Reprinted from *The Hahnemannian Monthly*, November, 1890.

The Medical Digest.

HEADACHE.—For headache and sleeplessness, I recommend the following: Cold water applied with a cloth covered with a dry one. This will bring sweet, refreshing, natural sleep.—Walker, *Dixie Doctor*.

FOR CARBUNCLE—

R.—Morphinæ sulphat.,
Cocainæ hydrochlorat. āā gr. v.
Menthol. gr. x.
Acidi carbolici solut. saturat. ℥. v—x.
Hydrargyri oxid. rub. ʒj.
Lanolin,
Vaselinæ. āā ʒss.

M.—Sig. Rub well into surrounding skin, and apply constantly on linen. If the pain be too severe, apply poultices.

—Alvord, *Med. World*.

CONVALLARIA is of utility in the irregularity of the heart dependent upon acute pneumonia, bronchitis, or emphysema, but is ineffective in fatty degeneration of the heart.

R.—Extr. convallariæ flor. fld. fʒij.
Syrup. aurantii. q. s. ad fʒij.

M.—Sig. A teaspoonful to a tablespoonful three times a day.

Useful in mitral insufficiency and functional heart disease.

R.—Potassii bitartratis. fʒss.
Extr. convallariæ flor. fld. fʒiss.
Syr. simplicis. q. s. ad fʒiv.

M.—Sig. From one-half to a tablespoonful, in water, three or four times a day.

Valuable in general dropsy from heart or kidney disease.—Shoemaker, *Med. Bull*.

A TONIC—

R.—Tinc. gentian,
Tinc. quassia.....āā ʒiss.
Dialysed iron,
Fld. ext. xanthoxyli .. āā ʒj.
Fld. ext. nux vomica ʒij.
Tinc. capsicum..... ʒvi.
Sherry wine.....q. s. Oj.

M.—S. Dessert spoonful three times a day in water.

—Bulloch, *Dixie Doctor*.

BURNEY YEO'S FORMULA FOR COTO.—

Fluid extract of coto 60 minims.
Compound tinct. of cardamom..... 60 "

Mix these together, and slowly triturate them with:

Mucilage of acacia..... 3 drachms.
Simple syrup 2 "

Add enough water to make 6 fluidounces. Dose, a table-spoonful.

—*Med. Bull.*

THEBAINE, NARCOTINE, AND THEIR DERIVATIVES.—Thebaine stands at the extreme limit of the morphine group, and resembles strychnine more closely than morphine. The slight preliminary narcotic stage after small doses is the only difference in the action of thebaine and strychnine.

Narcotine's action is similar to that of morphine, but much weaker.

Hydrocotarnine and cotarnine resemble narcotine, but require much smaller doses for either tetanic or narcotic stages.

Meconoisin simply stimulates the spinal cord.

—Stockman, *Brit. Med. Jour.*

BAMBOO SPROUTS are served as the favorite dish in this country, and have been analyzed and found to contain the following constituents:

Nitrogenous matter.....	1.82
Non-nitrogenous organic matter.....	5.64
Fat.....	0.12
Vegetable fibrin.....	1.42
Ash.....	0.74
Water.....	90.26

But bamboo seed was never used as food till this year, when in Nishi-tama kōri, Saitama ken (prefecture) an unusual amount of the seed was produced; and, as the price of rice became high, the people used bamboo seed as food in place of rice. It is said to be better than rice.—*Sei-i-kwai*.

THE BEST METHOD OF ASEPSIS.—The operator must fulfill a double task. He must protect the fresh wound from contact with microbes, and he must scrupulously guard the vitality of the tissues of the wound.

The first task can be sufficiently fulfilled by most carefully sterilizing everything which enters into contact with the wound: sterilization of the field of operation, sterilization of our own hands and fingers, of instruments, of the materials of ligature and suture, of the tampons and sponges, of the dressing, etc. It has been conclusively shown that the air is very little dangerous for the wounds: Braatz has shown that bacteria multiply in closed wounds and within the human body as anaerobes and produce toxic formations (ptomaines) in the absence of oxygen.

The second part of the task can be accomplished by discarding, as much as possible, all the mechanical and chemical agents which might impair the

vitality of the tissue: as, for instance, the useless employment of sharp or blunt retractors, the bruising of soft parts by badly-applied hemostatic forceps, and finally by introducing into the wound itself, or into a cavity, foreign bodies or cauterizing substances, such as most of our antiseptics.

—Bernays, *The Clinique*.

SEXUAL ETHICS.—The sexual relation is a natural want produced through the necessity of self-preservation. The human soul yearns to live; it yearns to grow and to multiply. In the face of death it longs for immortality, but immortality is not granted to the individual, and, in order to become immortal, an individual must grow beyond the limits of individuality. The natural consequence of these conditions is that immortality can spring from love only. Immortality must be gained by sacrifice, it must be taken by conquest, and there is but one power that can gain immortality. It is that power of which the Song of Songs says, "it is stronger than death." That one power is the holiness of the sexual relation; it is matrimonial love.

If we deprive sex-relation of its sanctity, it sinks down far below the most brutish acts of lowest animal life. Human sex-relation, in which the spiritual elements of love and an exchange of soul are lacking, degrades man and more so woman; it deprives them of their sanctity, and sullies the holiest emotions they are capable of—the longing for immortal life. Animal sex relations are at least natural. Animals yield to their natural wants without any consciousness of their importance or consequences. In the absence of thought, it is nature that acts in them. Immoral men and women, who prostitute the holiest sentiments because they imagine they find a pleasure in so doing, cease to remain natural, and accustom themselves artificially to unnatural wants which weaken their bodies and poison their souls.

—*The Open Court*.

MENIÈRE'S DISEASE.—In Menière's disease the source of irritation may sometimes be in the semicircular canals, just as sometimes it may be in the eye or in the stomach; but the immediate cause of the vertigo cannot be there, for several reasons.

First: If my explanation of the nature of vertigo be correct, it is a condition dependent upon the harmonious interaction of the sensori-motor centers of the cortex, and disturbance of these is the real cause of the vertigo.

Secondly: If equilibrium depended solely upon the semicircular canals, there could be no rational explanation for the ocular and stomachal vertigos.

Thirdly: If the proximity of the various nuclei within the medulla be a sufficient explanation of the association of the symptoms, vomiting, unconsciousness, vertigo and loss of hearing, when the semicircular canals are affected, why, we may justly ask, do we not in stomachal, lithemic and other vertigos have more marked auditory symptoms?

Fourthly: Experimental injury to the semicircular canals is not followed by true vertigo, loss of hearing and the other constant symptoms of Menière's disease.

Fifthly: Pathological data do not entirely and satisfactorily support Menière's hypothesis. His only case with autopsy can easily be explained upon other grounds, and nearly all of the other cases reported by Politzer, Voltoline and others had severe cerebral lesions, sufficient to account for the symptoms presented.

Finally, it is to be noted that of Bezold's carefully collected 46 cases of necrosis of the labyrinth, only 12 manifested symptoms of vertigo.

—Mettler, *Jour. Nervous and Mental Diseases*.

BROMOFORM.—For several months the only treatment in our clinic for whooping-cough has been bromoform. The method of administration has been to prescribe one or two drachms pure, and give one to four drops in a teaspoonful of milk three to five times a day, according to age and severity of disease, and, moreover, to give special instructions that the last remnant be given from the spoon, as bromoform does not mix, but sinks to the bottom. A happy feature is its sweetness.

Being entirely ignorant of its physiological effects, like all of us, I determined to "try it on the dog first," as some of us must. Feeling in perfect health, I took an initial dose of ten drops; no perceptible effects. In one hour, fifteen drops more; nothing experienced in regard to respiration, pulse, or temperature, but slight swimming sensation in head. In another hour, another dose of fifteen drops; pulse slightly slowed, temperature and respiration normal, expectoration free and liquid. Very dizzy in head and somewhat nauseated and general feeling of malaise, all of which was very transitory, so that in one hour I felt as well as before. The first sweet taste of the drug lasted but a very short time, giving way to a burning sensation of the tongue, which became very severe, such as capsicum produces. Food had no taste, and the throat reflex was entirely abolished, so much so that after twelve hours the index finger could explore the entire fauces without the least unpleasant sensation. I felt more of those structures digitally than I had thought possible, except under general anaesthesia.—Kreiger, *Tex. C.-Rec. Med.*

VIRCHOW ON CATARRHAL PNEUMONIA.—Catarrhal pneumonia, as ordinarily met with in phthisis, exhibits a moderately fluid collection in the alveoli, which can only be slightly expressed from them. Sometimes the contents are much more watery, like brine, and it was this which led Laennec to speak of gelatinous infiltration preceding tubercular infiltration. But the product in these cases is not gelatinous; it is rather watery and turbid; it might be called cloudy infiltration, and calls to mind a *phlegmonous* condition. In some parts it is more opaque; in parts it has a superficial likeness to caseation, but without its dry character, and there is no difficulty in distinguishing the two. The catarrhal phlegmonous condition is softer, moister, and laxer, as in a specimen shown, where around large ulcerating cavities in the apex of lower lobes were caseous masses and catarrhal inflammation. Two other specimens also showed caseous and catarrhal hepatization, which condition occurred in seven out of the sixteen cases examined last year. A further point of difference from ordinary catarrhal hepatization consists in the occasional occurrence of areas of softening in the midst of the hepatized foci, producing rapid excavation; for instance, in the middle of the lower lobe, just as in gangrenous broncho-pneumonia. This result seems to point to the operation of a stronger irritant than that which is usually regarded as the cause of catarrhal pneumonia. Prof. Virchow is of opinion that, in some of these cases at least, the inflammatory processes are analogous to those excited in the external parts after injection, which vary in intensity with the individual and the special features of the case.—*Lancet*.

TREATMENT OF PLACENTA PRÆVIA.—Kolff and Treub (*Nouvelles Archiv. d'Obstet.*) record the results of this malpresentation, as observed by them at Leyden. Between 1856 and 1879, 26 cases of placenta prævia were noted by Dr. Kolff, with a mortality of 42 per cent. On the other hand, between 1887 and 1889, Professor Treub has observed 13 cases. In all of this series he performed combined version, losing only one patient. The fatal case cannot fairly be attributed to the method of delivery, for the woman died of pyæmic phlebitis, set up by a dirty sponge which the midwife introduced into the vagina to check the hemorrhage before version was performed. Hence the mortality did not amount to 8 per cent. Of the children, 8 (or 61 per cent.) died, but 4 must be subtracted, as the heart sounds could not be heard before version; thus the precise mortality was 30 per cent. During childbed bad results were observed only in cases that had been previously examined by midwives, except in one instance, where the vagina had been plugged with sterilized absorbent gauze instead of iodoform gauze. The great principle of practice at Leyden is to separate version from extraction. The former is undertaken in order to save the mother. It is only in cases of subsequent hemorrhage that extraction by the feet is carefully undertaken. Dr. Kolff praises that practice, as it renders interference practicable very early in the labor, before the mother is exhausted by hemorrhage, saves her from the risks of prolonged plugging, and allows the later part of labor to continue slowly and yet without danger. The risk of *post-partum* hemorrhage is thus greatly lessened. The risk to the child is theoretically great, yet the above statistics prove that the infantile mortality is not very high.—*Brit. Med. Jour.*

DR. WOOD ON ANÆSTHESIA.—It seems to me that certain general facts or principles in regard to anæsthesia must be considered as established:

1. That the use of any anæsthetic is attended with an appreciable risk, and that no care will prevent an occasional loss of life.
2. That chloroform acts much more promptly and much more powerfully than ether, both upon the respiratory centers and the heart.
3. That the action of chloroform is much more persistent and permanent than that of ether.
4. That chloroform is capable of causing death either by primarily arresting the respiration, or by primarily stopping the heart, but that commonly both respiration and cardiac functions are abolished at or about the same time.
5. That ether usually acts very much more powerfully upon the respiration than upon the circulation, but that occasionally, and especially when the heart is feeble, ether is capable of acting as a cardiac paralyzant, and may produce death by cardiac arrest at a time when the respirations are fully maintained.
6. Chloroform kills, as near as can be made out, proportionately three to five times as frequently as does ether, partly, no doubt, because it is more powerful in depressing the heart, but largely because it lets go its hold much less rapidly than does ether when inhalation ceases. Is it not possible that this "holding on" is because it is less volatile than ether, and cannot we here get a hint why chloroform is less deadly in the South than in the North? The diffusibility of vapors or gases is in inverse proportion to the square of their densities, and the vapor of chloroform would certainly diffuse itself with far greater rapidity at 90° F. than at 70° F.

H. C. Wood *N. E. Med. Monthly*.

SURGICAL TREATMENT OF ERYSIPELAS.—The object of treatment is to bring the *coccus* of erysipelas, as it travels in and along the lymphatics, in contact with antiseptic fluids. Among some of the methods proposed have been the injection hypodermically of a two per cent. solution of carbolic acid, or a solution of resorcin, twenty grains to the ounce, the injection being made at the junction of the normal and the inflamed skin. This latter treatment has met with more or less success.

Volkman's assistant, Kraske, modified this treatment by making incisions on the border of the erysipelas, extending them into the normal skin. These first incisions were crossed in a diagonal direction by others, so that when the operation was completed it presented somewhat the appearance of a rail fence. The object of this treatment was to allow the antiseptic fluid to reach the *coccus* in and around the lymphatics; it also tended to render and keep aseptic the part likely to be next attacked by the disease. The wound was dressed with a moist dressing of carbolic acid or one of the mercurial solutions, and the dressings were kept wet with the antiseptic solution.

Reidel and Lowenstein (*Deutsch. Med. Woch.*, March 14, 1889) improved the method of Kraske's by confining the fence of incision to normal tissue, about one or two inches from the border of the erysipelas. Their object was to prevent possible infection of an aseptic part. This treatment has given better results than either of the others.

As in all operations performed at the present time, the rules of antiseptic surgery should be strictly followed. With the exception of very young children and nervous women, I do not consider an anæsthetic required, as it takes but a very few moments to make the "fence."—Rogers, *Brooklyn Med. Journal*.

WHAT IS PAIN?—It was John Hilton, I think, who gave expression of greatest import to a truism in regard to pain, that is well worthy of our remembrance. Indeed, he has so forcibly written upon this subject in his valuable work of "Rest and Pain," that he has been quoted upon this subject more often than any other writer. He declares that "every pain has its *distinct* and pregnant signification if we will but search for it;" that "pain, the monitor, and rest, the cure, are *starting* points for contemplation."

In this connection it may not be out of place to consider, but for a moment, something of the nature of pain; its laws of production and conduction; of radiation and reflection, as having direct bearing upon our case.

Buzzard has defined the term pain, "a representation in consciousness of a change produced in a nerve center by a certain mode of excitation."

Accepting this definition, as we do most as merely a "working definition," we observe that it presupposes a knowledge of at least two histological structures, viz., a kind that is susceptible of being excited and conveying impulses, as the nerves and their terminations; and secondly, structures capable of receiving impulses conveyed by these nerves, viz., centers, both of cord and brain. It is to be understood that the cause or place of the irritation of any pain may be located any place between the centers and nerve terminations; but by the "law of peripheral reference of sensations," as it is called, the pain is invariably referred to the peripheral end of the nerve of one or more of its branches. This law is most emphatically and wonderfully observed after amputations, and our surgeons tell of many interesting incidents in this connection.—Beebe, *Lancet-Clinic*.

SOME RECENT DECISIONS IN MEDICAL JURISPRUDENCE.—Some recent decisions may be briefly summarized as follows:

In Georgia the sorrow of a woman over her miscarriage is not a ground for damages.

In Tennessee a man cannot be punished for taking part in a duel on Arkansas soil.

In Kansas cemeteries do not last forever, but can be abandoned, and the land used for other purposes.

In California the Legislature can properly direct that the scholars in the public schools shall be vaccinated.

A Maryland court has declared that no plumber shall practise his profession in Baltimore without a certificate from the Commissioners of Practical Plumbing.

In Massachusetts it is not proper for a Catholic priest to forbid the members of his church to employ a certain physician.

In Indiana mental anguish is a good ground for a verdict for damages for neglect in delivering a telegram.

In Kentucky oral evidence of a dying declaration can be given when a written statement made by the injured man has been destroyed by the accused.

In Massachusetts "Dr. Spencer's Queen of Pain," and "Spinal Paste or Salt Rheum Cure," are not valid trade marks; and in Texas "Microbe Killer" is likewise not the exclusive possession of a single manufacturer.

In North Carolina a woman who has had sexual intercourse with a man, but has long since repented, is an "innocent" woman in the eye of the law.

In Illinois a very young child straying into a dangerous place and getting injured, can recover damages, the negligence of the parents not being imputed to it.—Riley, *Med. Record*.

DEMENTIA PARALYTICA.—I. A positive diagnosis can be made, I believe, from the speech alone, but perhaps it is too much to ask the general practitioner to risk so much on one symptom. Impaired speech with unequal motionless pupils, high reflexes, and slight mental symptoms should, however, oblige the physician to make a diagnosis, and remove the patient from business.

2. Fixed, small, or unequal pupils, with changes in character, increased reflexes, and confusion in manner, should lead to a suspicion of dementia-paralytica. Even the small fixed pupils alone should, I think, excite suspicion, and lead to careful observation of the patient.

3. Mental slowness and inaccuracy, with any one of the symptoms referred to, should cause a strong suspicion of incipient "paresis." The same is true of inexplicable changes in the moral character of a subject above twenty years of age.

4. Dementia-paralytica is, I might add, much more frequent among women than is generally held by authorities. They can more easily cover up signs of mental failure, and they seldom exhibit exaltation. Guided by the points I have given as of great diagnostic value, you will be able to recognize a good many female cases.

5. A general character of great value is the gradual slow onset of symptoms. When an adult rapidly becomes demented (foolish in manner, inattentive to his person, even to the point of not controlling his evacuations), has unequal pupils, and large quasi-choreic ataxic tremors with early convulsive seizures, it is possible that the case is one of cerebral syphilis, which may be cured by heroic treatment.

6. You should not be discouraged in your diagnosis by an apparent return to health after a few months, because extraordinary remissions, lasting several months, occur in the course of dementia-paralytica.—Seguin, *Boston Med. and Surg. Jour.*

A NEW OPERATION FOR SPASMODIC WRY-NECK.—

First step.—The field of operation having been shaved and disinfected, make a transverse incision about a half an inch below the level of the lobule of the ear, from the middle line of the neck posteriorly, or even slightly overlapping the middle. This incision should be $2\frac{1}{2}$ to 3 inches long.

Second step.—Divide the trapezius transversely.

Third step.—Dissect up to the trapezius, and find the occipitalis major nerve as it emerges from the complexus and enters the trapezius. In the complexus is an intra-muscular aponeurosis. The nerve emerges from the complexus at a point between this aponeurosis and the middle line, usually about a half inch below the incision, but sometimes higher up, and then enters the trapezius. It is always a large nerve of the size of a stout piece of cat-gut, and it is easily found if sought for at the right place.

Fourth step.—Divide the complexus transversely at the level of the nerve. This division should be made by repeated small cuts, so as not to cut the nerve which is our guide, after which dissect the nerve still further down from the anterior surface of the complexus, where it arises from the posterior division of the second cervical. Cut, or better, exsect a portion of the posterior division before the occipitalis major arises from it, so as to catch the filament to the inferior oblique muscle. This divides the *second cervical*.

Fifth step.—Recognize the inferior oblique muscle by following the suboccipital nerve towards the spine. The nerve passes immediately below the border of the muscle.

Sixth step.—Recognize the suboccipital triangle formed by the two oblique muscles and the rectus capitis posticus major. In this triangle lies the suboccipital close to the occiput. It should be traced down to the spine itself, and be divided, or better, exsected. This divides the *first cervical*.

Seventh step.—An inch lower down than the occipitalis major, and under the complexus, is the external branch of the posterior division of the third cervical to the splenius. When found, it is to be divided or exsected close to the bifurcation of the main trunk. This divides the *third cervical*.

A drainage-tube and horse hairs are to be inserted, and as the patient lies on the back, although the wound is very deep, the condition is most favorable for good drainage. If desired, the posterior muscles can be united by buried sutures, independently of those in the skin. The after treatment is the same as for ordinary operations.

—Keen, *Annals of Surgery.*

METHODS FOR THE PREPARATION OF THE GOLD AND IODINE SOLUTION FOR THE SHURLEY-GIBBES METHOD OF TREATMENT OF TUBERCULOSIS.—In making the solution of gold and sodium, the first step is the preparation of pure gold. I take an English gold coin of recent date, which is composed of one part of copper and eleven parts of gold, and thus avoid the trouble of an insoluble chloride of silver which sometimes interferes, where the alloy consists of part silver; to the coin in small pieces add eight parts of nitro-hydrochloric acid (four parts hydrochloric to one part nitric acid) chemically pure; this solution is then evaporated on the water bath with

an excess of hydrochloric acid to nearly dryness; it is then treated with hot water and filtered, to separate any chloride which might be present. To this solution is added a solution of pure oxalic or formic acid, which will cause the precipitation of any gold which is present, in the form of a brown or greenish-black powder, in from one to forty-eight hours.

This powder is collected and boiled in dilute hydrochloric acid sp. g. 1.1, and then washed and dried. To the powder is added eight parts of nitro-hydrochloric acid, and the solution evaporated on the water bath to nearly dryness, and allowed to crystallize. Too much heat here or too long evaporation is apt to give an aurous or an acid chloride Au Cl or Au H Cl_2 , either of which must be avoided.

The result, if the manipulation be properly conducted and the water of crystallization driven off, leaves ruby red, prismatic crystals, and not the orange red crystalline needles of commerce.

The next step is the manufacture of the chloride of gold and sodium. The common salt usually contains portions of Ca Cl_2 , Mg Cl_2 , and Ca S O_4 . I either make the salt from an anhydrous carbonate and hydrochloric acid, or dissolve it in four times its weight of pure water and add to the filtered solution first Ba Cl_2 , and then Mg Co_3 , as long as any precipitate falls, filter and evaporate very slowly, skimming off the first crystals that form, and rejecting them; those forming last are the pure salt.

Take of the gold chloride eighty-five parts, and the Na Cl sixteen parts, and mix each separately in a little pure water; stir together, and allow to crystallize at a low temperature, which will give orange-colored rhombic prisms.

Similar precautions are necessary in the preparation of the iodine solution, as the iodine of commerce all contains more or less impurities, in the shape of graphite, chlorine, oxide of manganese, and crude antimony. To prepare it perfectly pure on a small scale, place some in a small deep porcelain scale or earthenware dish, and cover it air-tight with a glass matrass filled with cold water, and apply to the dish a temperature of about 100°C . for two or three hours; allow to cool, and the sublimate will be found attached to the under surface of the matrass. It is best, however, to expose the matrass after about twenty minutes' exposure to the heat, and look for acicular prisms of a white color and pungent odor; if these are present they should be scraped off with a glass rod and rejected; afterwards, the sublimation is to be carried on until it is complete. The fresh iodine is then to be kept in glass stoppered bottles.

To make a non-irritating solution of the iodine for hypodermic use, it was found necessary to combine it with water and glycerine. This is accomplished through the medium of potassic iodide. A sufficient quantity, to just produce solution, is added to the water and iodine. The glycerine is subsequently added.

To purify the potassic iodide, which contains a carbonate and iodate, it is only necessary to dissolve in ethylic alcohol, and filter.

The carbonate and iodate are both insoluble in this solvent.

I have here sketched as briefly as possible the methods pursued by me in the manufacture of these solutions; of course, there are many more details in the way of manipulation, etc., which have not been mentioned, but these will occur to any one qualified to undertake their manufacture. Sterilized distilled water is used in all operations.

—Clark, *N. A. Pract.*

Medical News and Miscellany.

A WISCONSIN woman has been asleep for three weeks, despite the efforts of several doctors and an electric battery.

In answer to a correspondent whose letter has been mislaid, we would state that Fagge's Practice costs \$8.00, and Landois' Physiology, \$6.50.

SOCIETY AND SOCIETIES.—Mr. Coenties (to visiting friend)—“That gentleman yonder is one of our most prominent society leaders.”

Mr. Dearborn—“Indeed, and what is his society for the prevention of?”—*Puck*.

THE fifth regular session of the Harlem Medical Association was held in New York, on Wednesday the 4th. The following subjects were discussed: “Spinal Lesions,” “Some Interesting Cases of Pleurisy.” There was also an election of members.

WE are in receipt of the report of the Illinois State Board of Health, on the subject of medical education. Whoever is interested in the regulation of the practice of medicine and the proper instruction of candidates for the medical profession, will find much of interest and value in this report.

THE following varnish will maintain its transparency, and the metallic brilliancy of the articles will not be obscured: Dissolve ten parts of clear grains of mastic, five parts of camphor, five parts of sandarach, and five parts of elemi in a sufficient quantity of alcohol, and apply without heat.

THE most expensive thermometer in this country is in use at the Johns Hopkins University. It is known as Prof. Rowland's thermometer, and is valued at \$10,000. It is an absolutely perfect instrument, and the graduations on the glass are so fine that it is necessary to use a microscope to read them.

DURING the past two years there have been two thousand four hundred and ninety-nine cases of diphtheria in the city of St. John's, Newfoundland, with a population of thirty thousand, which shows that about one in every twelve was attacked by the terrible disease. It is estimated that the rate of mortality was one out of every five attacked.

DOCTOR BENJAMIN LEE, Secretary of the State Board of Health of Pennsylvania, has accepted the position of Secretary of the Section on State Medicine of the American Medical Association.

As the meeting takes place in Washington, May 5th, it is important that all papers intended for this Section should be in his hands by the fifth of April. All members of the Association desiring to be enrolled in the Section are requested to forward him their names at 1532 Pine street, Philadelphia.

THE fifth State Sanitary Convention of Pennsylvania will be held at Altoona, Friday and Saturday, May 15th and 16th, 1891, under the auspices of the State Board of Health, assisted by the Board of Health of Altoona and a committee of citizens. This is not in any sense a doctors' convention. All who take an intelligent interest in the promotion of sanitary reform and the protection of the public health are invited not only to be present and take part in the discussions, but forward to the Secretary, Dr. Benjamin Lee, 1532 Pine street, Philadelphia, for consideration by the committee of the Board, not later than April 15th, papers on sanitary or hygienic subjects which they would like to present before the convention.

AN Army Medical Board will be in session in New York city, New York, during April, 1891, for the examination of candidates for appointment in the Medical Corps of the United States Army, to fill existing vacancies.

Persons desiring to present themselves for examination by the Board will make application to the Secretary of War, before April 1, 1891, for the necessary invitation, stating the date and place of birth, the place and State of permanent residence, the fact of American citizenship, the name of the medical college from whence they were graduated, and a record of service in hospital, if any, from the authorities thereof. The application should be accompanied by certificates based on personal knowledge, from at least two physicians of repute, as to professional standing, character, and moral habits. The candidate must be between twenty-one and twenty-eight years of age, and a graduate from a regular medical college, as evidence of which his diploma must be submitted to the Board.

Further information regarding the examinations may be obtained by addressing C. Sutherland, Surgeon-General United States Army, Washington, D.C.

EXAMINATION QUESTIONS AT THE COLLEGES OF GREAT BRITAIN AND IRELAND (*Hospital Gazette*).—It has been suggested to us that copies of the answers given by students at the written examinations of the various qualifying bodies would be of great value to students preparing for examination, especially as showing how far one may deviate from absolute correctness without bringing down upon their heads the awful sentence, “Rejected.” We are glad to be in a position to fall in with this suggestion. Through the courtesy of certain officials we are able to reproduce *verbatim et literatim* a number of answers given by candidates to papers set for qualifying examinations. For obvious reasons we cannot reveal the name of the college or university at which any of the papers we propose publishing were given, and we shall be very careful not to give any clue which may lead to the identification of the candidates.

Students preparing for examination will find it worth their while to study the answers published by us from time to time in conjunction with the best text-books on the respective subjects, and then, by way of practice, write out from memory the answers they would give if the same or similar questions were given to them when under examination. They will find such an exercise most instructive; perhaps more so than a lesson in class with the regulation “grinder.”

EXAMINATION NO. I.

PART I.—ANATOMY.

The paper contained the following four questions, of which the candidates were expected to answer three:

1. Describe the component parts of the Tongue, the nerves which supply it, their course and distribution.
2. Mention the Arteries which supply the Brain, their origin and course; and state how the circle of Willis is formed.
3. Describe the course and relative Anatomy of the cesophagus.
4. Describe the method of making a lateral section of the Male Pelvis, so as to retain the natural position of the viscera; and describe the relation of the viscera and fasciæ as seen when the section is completed.

Full marks = 100; minimum pass = 50.

Candidate A. B. gave the following answers, for which the examiner very considerably gave him 55 marks; but unfortunately he came to grief in the oral part of the examination. Our readers will, doubtless, observe that A. B.'s spelling was not altogether according to Cocker.

Ans. to Question 1.—"The Tongue is a muscular organ, situated within the cavity of the mouth, and composed of various sets of muscles covered by an epithelium, which is of a tessellated or squamous character. The muscles entering into its formation are Geniohyoid, Hyoglossei, Genio-hyoglossei, Lingualis; attached to its roots on either side Styloglossei and Palatoglossei.

"*Nervous Supply (a).*—Hypoglossal, or true motor nerve of the Tongue, arises low down in the corpus of the medulla oblongata, passing through the cranium and lying below the digastric triangle of the neck, passes in under the post. belly of Digastric, and is distributed to the various muscles of the tongue lying between the Mylo Hyoid and Hyoglossus.

"(b) Lingual, or Gustatory from 3d division of the 5th, is given off after it has passed through the foramen ovale, lying between the inner border of lower jaw and pterygoid muscle, passes along the side of the tongue, and is finally distributed to the Papillae Conicæ, Filiforme, and Fusiforme.

"(c) Glossopharyngeal, one of the divisions of the 8th, arises from the corpus restiforme and olivary body of medulla, enters the neck through the Foramen Jugulare, passes away to the posterior border of tongue lying on the internal Pterygoid, and is finally distributed to the Papillae Fungiforme and Circumvallate at base of tongue."

Ans. to Question 2.—"The arteries supplying the Brain are the two internal Carotids given off from the common carotids, and the two vertebral from 1st part of the Subclavian. The internal carotid is one of the bifurcations of the common carotid, at the superior cornu of the Thyroid cartilage, and takes a direction upwards, backwards, and outwards, entering the cranium through the carotid canal in the temporal bone dividing into Anterior, communicating or cerebral middle cerebral and posterior communicating as well as transverse. The vertebral enters the cranium through the Foramen magnum, and becomes the basilar which is embraced on either side by the 6th nerve, branches given off are various: Dorsalis spinæ Arterior, Pontii's posterior, cerebral, and superior and infr. cerebellar, as well as lesser meningeal arteries. The circle of Willis is formed by the transverse posterior communicating from Int. Carotid, and by the Posterior Cerebral given off from the Basilar."

Ans. to Question 3.—"The Oesophagus is the muscular tube conveying food from the bag of the Pharynx to the stomach, which is known as the cardiac orifice. It passes out through the upper outlet of the Mediastinum, or Thorax, behind the Trachea and recurrent of the Pneumogastric, lying first to the right side of the aorta; then anterior to it, and, finally, for the rest of its course to its left side, passing through the elliptical opening of the diaphragm known as muscular or oesophageal. It lies on the posterior mediastinum, having the left pneumogastric anterior to it and the right behind. Is composed of involuntary muscular fiber, having an external or longitudinal coat. Middle of circular Internal mucous covered by epithelium of the columnar or cylindrical character. It lies upon the Longus Colli and the vertebrae dorsal. Supplied by branches from the Aorta and from the gastric and splenic."

This candidate fought shy of Question 4.

Candidate C. D. also fought shy of Question 4, but the others he answered as follows. He thought he was hardly dealt with, as the examiner only gave him 45 marks, and thus pulled him up sharp. No doubt he would have received a higher number of marks had he not omitted to give his authority for the extraordinary statements made.

Ans. to Question 1.—"The Tongue is a muscular and highly sensitive organ. It is composed of Hyoglossus, Styloglossus, and Genioglossus. In the post. part you have a no. of papillæ, the circumvallate. These range from 10 to 12 in no., and each is surrounded by a little fossa. In the middle you have papillæ called Fungiform, in the sides and tip you have a lot of little thread-like things—the filiform papillæ. These are covered by a very delicate membrane, which is very highly sensitive. Scattered through the substance of it you have a lot of little things called follicles, also a few lymphatics, and the lingual artery ramifying in it, and its veins. *Nerves.* Glossopharyngeal supplies the back part of dorsum and posterior part. The Gustative of 5th supplies the tip and slightly the edges. The lingual or hypoglossal nerve supplies the middle portion. Two of these are nerves of special sense, the other of motion."

Ans. to Question 2.—"Vertebral and Int. Carotid. The vertebral enter at the foramen magnum, pass round the cerebellum, give off the post. inferior, superior, and anterior superior cerebellar arteries; these unite to form basilar, then the posterior cerebral is given off which makes a little semicircle backwards, then ant. cerebral and post. communicating, then middle cerebral, then comes in contact with internal carotid beside the 2d and 3d nerves, then forms ant. communicating, then gives off the anterior cerebral to the front lobes of the brain; and thus a continuous supply of blood is always carried to a man's brain, which at times of examination is very necessary. I forgot to mention that the vertebrals give off a few spinal branches. The internal carotids are a bifurcation of common carotid, and the vertebral enters first 6th C. Vert. and passes up transv. processes of sp. column, then winds rounds and passes in at foramen magnum."

Ans. to Question 3.—"Oesophagus lies on vertebral column above and rather to left side and behind the trachea, then passes into thorax, where it is behind the divisions of the trachea. In front of it you have first the aorta transverse part, and then, as it goes lower in the thorax, it gets more to the left of the sp. column until it reaches diaphragm. So that at first it is covered by the trachea also by the sheath of the carotid vessels and their contents, viz.: Pneumogastric and sympathetic (certainly not altogether, but in part). The jugular vein would also be in front of it, the recurrent laryngeal nerve would cross over it, not close by, but superficially. It would also have in front of it the muscles attached to the Hyoid bone. Also over it would the innominate vein also the suprascapular artery would cross it. The Thyroid gland covering the trachea would also cross it. To its right side would be the spinal column and the thoracic duct, also the transverse aorta would slightly overlap it, and then the descending aorta would be on its side. It lies at first on vertebral column, and rather to left side, and then in the lower part of thorax it is at the side of the vertebral column, and then passes through the opening in the diaphragm along with the two pneumogastric nerves."

Candidate E. F. also avoided Question 4, and like "A. B." was rather shaky in his spelling. He was, unfortunately, rejected, the examiner awarding only 40 marks.

Ans. to Question 1.—"The tongue is composed of a mass of muscular structure, cellular tissue, papillæ nerves, arteries, veins, and covered with mucous membrane, which is covered with epithelium. The nerves which supply it are the gustatory glosso-pharangeal (*sic*) Hypoglossal. The course of the gustatory, commencing at the Inferior Division of the 5th nerve (cranial), courses along the sides beneath the lower maxilla, to be distributed on the anterior and antrolateral (!) parts of the tongue. The Glosso-pharangeal nerves part of the eighth cranial course from the medulla oblongata to the cranium, from whence it issues through the jugular foramen, to be distributed to the posterior and lateral parts of the tongue. Hypoglossal or ninth cranial nerve issues through the condyloid foramen of the occipital bone, to be distributed to the tongue."

Ans. to Question 2.—"The arteries which supply the brain are the two vertebrals and two Internal Carotids. The origin of the Vertebral Arteries are from the Subclavian Artery, and courses along the side of the neck in the foramina at the root of the transverse processes, and, finally, the arteries join and form the basilar artery. The origin of the Internal Carotids are from the common Carotid; opposite the thyroid body they course along the side of the neck external to the pharynx and larynx, then along the carotid canal of the temporal bone, when the two unite with the basilar artery to form the circle of Willis."

Ans. to Question 3.—"The course of the œsophagus is commencing at the œsophageal opening in the pharynx, it courses along behind the trachea and bronchi, but in front of the bodies of the Cervical Vertebrae (lower five), and all the dorsal vertebrae, inclining a little to the left side in the cervical region; but again gaining the middle line, then inclining a little from the median line until it finally ends by being prolonged into the cardiac end of the Stomach."

Candidate G. H. also avoided Question 4. He answered the first three, however, as he thought splendidly, and was much surprised when he learnt that he had been rejected. His disgust would have been much more intense had he known that the examiner only awarded him 20 marks for the following encyclopædic but somewhat "mixed" production.

Ans. to Question 1.—"The Tongue. Structure erectile tissue, composed of muscular fibres with lingual muscles lined with mucous membrane containing follicles, glands and papillæ scattered over surface. Papillæ divided into three classes 1 Calcyciform, 2 fungiform, 3 conical. The first of these on the dorsum, the 2 on the tip and side, and 3 the dorsum. The blood by the lingual, the nerves by the lingual and gustatory."

Ans. to Question 2.—"Brain arteries Supraorbitalis thro' the supraorbital notch ciliary posterior, about 20 thro' the Sclerotic coat, to choroid coat ciliary processes and circle of iris. Internal carotid. The two vertebral which terminate in the Basilar 3° part of ophth^a artery, thro' post foramen to dura mater and nasal fossæ Ethmoidal ant^a to frontal sinus, nares Palpebral superior and inferior. Nasal anast^m with terminal branch of facial, Frontal to inner part of forehead. Art. Comm^a Post^a (Willis) runs backwards along outer side of pituitary gland, and Corp. Mamill joins post^a cerebral artery, which is branch of basilar; Choroid backwards and outwards along optic fascia enters lateral ventricle through great fissure ant^a cere-

bral anast^m with its fellow by means of Art. comm^a runs to corpus callosum, supplies hemisphere Middle cerebral in the fissure of Sylvius to ant^a and middle lobes Posterior cerebral to Thalami Tubere. Quadrigeminus, joined by communicans of Willis, Ant^a cerebral sup^a surface of cerebellum Int^a auditory, thro' the internal meatus to int^a ear posterior cerebral, from vertebral thro' 9 pair of nerves in front of 8th pair to posterior part of cerebellum."

Ans. to Question 3.—"œsophagus descends from pharynx to left side behind trachea, through arch of Aorta, little in front of Thoracic Aorta, perforates diaphragm, terminates in cardiac extremity of stomach; on surfaces are found pneumogastric nerves. It is composed of longitudinal fibres (muscular) lined by mucous membrane circular at cardiac end."

SOCIETY OF APOTHECARIES OF LONDON.

FINAL EXAMINATION FOR THE DIPLOMA IN MEDICINE, SURGERY, AND OBSTETRICS. NOVEMBER, 1891.

Medicine.—1. Discuss the significance of epigastric pulsation, giving the conditions that may produce it, and their differential diagnoses. 2. Give the clinical history of a case of chronic gastric ulcer, and the treatment you would adopt if perforation were threatening. 3. Describe a new-born syphilitic baby, and the treatment to be followed. 4. Give the differential diagnosis between scarlet fever and measles, and the sanitary precautions to be used in either case, respectively. 5. Describe a case of herpes zoster, and the complications that may occur. 6. Enumerate the causes of hæmoptysis and the means of arresting the hemorrhage.

Therapeutics.—1. Illustrate by examples the uses of belladonna and atropine. 2. What are the therapeutic effects of alcohol? In what cases and by what methods is it most useful in fever?

Pathology.—Give the minute changes occurring in cirrhosis of the liver. 2. Describe the morbid changes occurring in the body in advanced cases of gout. 3. What conditions lead to hypertrophy of the heart, and its separate cavities?

Surgery.—1. A patient complains of pain and difficulty in defecating and passes blood per anum. What might be the cause, and how would you diagnose his disease? 2. Give the signs of osteo-arthritis of the knee joint. How would you distinguish it from Charcot's disease? 3. A child has passed a foreign body—say a pea or a bead—into his nose; what might be the effects if it is allowed to remain? What means might have to be taken for its removal? 4. What is lateral curvature of the spine? What angular? Give the symptoms of each and the treatment you would respectively adopt. 5. A man has stabbed himself with a penknife in the thigh, in the region of the femoral artery; how would you determine if the femoral is wounded? Supposing this to be the case, what treatment would you employ?

Surgical Pathology.—1. Describe the pathological appearance that may be discovered after death in fracture of the base of the skull through the middle fossa. 2. What is meant by an intussusception? What by a volvulus? Describe the former, and the pathological changes that may occur if the case is unrelieved.

Surgical Anatomy.—1. Describe the femoral ring and its boundaries. Give the coverings of a femoral hernia. 2. Give the line of incision for left inguinal colotomy. Mention in their order the parts cut through, and state what anatomical appearances would enable you to distinguish the sigmoid flexure from the small intestine.

Midwifery.—1. Describe in detail the management of breech presentations. 2. State fully the treatment of post partum hemorrhage. 3. Give an account of puerperal eclampsia, its etiology, clinical features, and treatment. 4. Under what conditions may retroversion of the gravid uterus give rise to symptoms? What are they, and how would you treat a typical case?

Gynecology.—1. What tumors can be felt in the upper part of the vagina? Give their differential diagnosis and treatment. 2. Give the etiology, symptoms, physical signs, and treatment of pelvic peritonitis.

Forensic Medicine, Toxicology, and Hygiene.—1. Describe the symptoms, treatment and post mortem appearances of a case of carbolic acid poisoning. 2. Describe in detail the symptoms and progress of a well-marked case of general paralysis of the insane. 3. Describe the tests, chemical and otherwise, for blood. 4. How would you proceed to make a sanitary examination of a house where you had reason to believe sewer emanations to be the cause of an epidemic of sore throat?

FINAL EXAMINATION IN MEDICINE, SURGERY AND OBSTETRICS. DECEMBER, 1890.

Medicine.—1. State the signs of aortic regurgitation. What are the symptoms of this condition, and how would you relieve them? 2. What renal complications may arise in the course of the following fevers: Typhoid, scarlatina, diphtheria, malarial fever? How do you explain their occurrence? 3. Describe the appearances produced on the scalp and on the skin by ring-worm. How would you test the presence of the microspore in suspected cases, and how would you treat the malady? 4. Compare the signs and symptoms of renal calculus, and tubercular disease of the kidney. 5. What are the signs of perforation of the vermiform appendix? How does this accident occur, and how would you treat it? 6. In what cases of cerebral disease may the diagnosis be aided by observation of the state of the pupils, and the movement of the eyeballs?

Therapeutics.—1. How do saline and vegetable purgatives act respectively? 2. Discuss the value of electricity in the treatment of nervous diseases.

Pathology.—1. What forms of ulcer are found in the stomach? 2. Describe the morbid conditions of the lungs observed in typhoid fever. 3. What is the nature of the contents of ovarian cysts?

Surgery.—1. Describe a case of acute periostitis affecting the tibia. Give the treatment that you would adopt, and mention any complications or sequelæ that are likely to occur. 2. What are the different degrees of burns? Mention the complications and sequelæ of each, and state on what points you would rely in forming a prognosis. 3. How would you treat a compound comminuted fracture of the leg? 4. What are the common signs of inherited syphilis in an infant aged three months, and a child aged twelve years, respectively? 5. Describe a case of acute glaucoma; give the treatment you would adopt, and state the probable result.

Surgical Pathology.—1. Describe the different varieties of hydrocele. 2. Describe the changes that occur in the urinary organs as the result of a stricture of the urethra.

Surgical Anatomy.—Describe the mucous membrane and the glands of the tongue. 2. Describe the hip-joint. State what structures in connection with the hip-joints are called into play in maintaining the erect posture.

Midwifery.—1. Describe the mechanism of delivery when the occiput is behind and to the left. 2. Give in detail the treatment of the different varieties of placenta prævia. 3. How would you proceed to examine a case in which you suspected contraction of the pelvis? What is "flattened pelvis"? 4. Describe the symptoms, signs, diagnosis, and treatment of vesicular mole.

Gynecology.—1. What are the varieties of uterine polypi? To what symptoms may they give rise? How can they be diagnosed and treated? 2. Give an account of prolapse of the uterus, its etiology, varieties, symptoms and treatment.

Forensic Medicine and Hygiene.—1. Describe the effects produced by the following substances, respectively, when applied to the skin: sulphuric, nitric, and carbolic acids, and caustic potash. 2. What symptoms follow poisonous doses of oxalic acid and cyanide of potassium, respectively, and how would you test the presence of these poisons post-mortem? 3. Describe the structure of the corpus luteum, and state its importance in cases of death from criminal abortion. 4. State the chief points of importance in the post-mortem examination of the body of an infant the subject of coroner's inquest.

PATENTS, ETC., on medical subjects, issued February 3, 1891:

Acid phosphate.....	A. Memminger.....	Charleston, S. C.
Vaginal atomizer.....	W. E. Weldon.....	San Francisco, Cal.
Dental-engine.....	J. S. Campbell.....	London, England.
Dental plugger.....	E. J. George.....	Joliet, Ill.
Dental thermal instrument.....	G. Evans.....	New York, N. Y.
Pink dye.....	F. Bender.....	Muhlheim, Germany.
Liniment.....	J. Wilfong.....	Lancaster, Pa.
Electrical medical apparatus.....	J. C. Chambers.....	Detroit, Mich.
Pill-machine.....	J. R. Clark.....	Philadelphia, Pa.
Syringe.....	H. G. Leisenring.....	Wayne, Neb.
Uterine supporter.....	P. Yost.....	Pittston, Pa.
Truss.....	P. Yost.....	Pittston, Pa.

TRADE-MARKS.

Medical preparation of sandalwood and copaiba. (The word "Savaresse").....	Evans, Lescher & Webb.....	London, England.
Remedy for diseases of the liver. (The words "Golden Grains").....	J. E. Hetherington.....	New York, N. Y.
Remedy for dyspepsia. (The letter "K. D. C.").....	G. B. Layton.....	New Glasgow, Canada.
Castor-oil. (The representation of three frogs standing in a pond and holding up a bottle bearing the words "Cheatham's Tasteless Castor Oil").....	A. B. Richards Medicine Co.....	Sherman, Tex.
Ointments. (The word "Derma-macura").....	B. D. Blackstone.....	Martinsville, Ind.
Remedy for hay fever and catarrhal diseases. (A star bearing a shield and the word "Specific").....	N. Tucker.....	Mount Gilead, O.
Cough-drops. (The word "Electric").....	A. M. Greule.....	Newport, Ky.
Pomade for the complexion. (The words "Convent Formula").....	Mary N. Roberts.....	Chicago, Ill.
Medicine for external application. (The word "Sun," the pictorial representation of an eye, and the word "See," in connection with a picture of the sea with the sun rising out of it).....	Sun I See Oil Co.....	Racine, Wis.
Remedy for rheumatism. (The letter "V" bearing the words "Sure Cure" upon a different colored serrated disk).....	H. Vosburgh.....	Allegan, Mich.

LABELS.

"Winter's Life Elixir Tonic and Antiperiodic".....	J. B. Daniel.....	Atlanta, Ga.
"Edward's Cherry and Tolu Compound".....	F. C. Joslyn & Co.....	Syracuse, N. Y.
"White Pine Pectoral".....	H. P. Marshall.....	Mohawk, Tenn.
"Stern's Oil," "Stern's Cream" and "Stern's Tonic" (three labels).....	M. H. Stern.....	Milwaukee, Wis.
"Diffusible Tonic".....	Diffusible Tonic Co.....	Sturgis, Mich.
"Compound Rheumatic Oil".....	H. M. Jewett.....	Belfast, Me.

CHARLES J. GOOCH, Patent Attorney.

LOCK BOX 76, WASHINGTON, D. C.

WEEKLY Report of Interments in Philadelphia,
from January 31 to February 7, 1891:

CAUSES OF DEATH.	Adults.	Minors.	CAUSES OF DEATH.	Adults.	Minors.
Abscess of Lung.....	2		Hemorrhage from bowels...	1	
" Neck.....	1	1	" " brain.....	1	
" Pelvis.....	2		" " lungs.....	1	
Asthma.....	1		" " umbilical.....	1	1
Alcoholism.....	4		Inflammation brain.....	17	6
Apoplexy.....	6		" " bronchi.....	4	1
Aneurism of the aorta.....	1		" " kidneys.....	4	1
Bright's disease.....	10		" " larynx.....	1	2
Burns and scalds.....	3	1	" " liver.....	1	
Cancer.....	7		" " lungs.....	26	22
Casualties.....	3		" " pericardium.....	3	1
Congestion of the brain.....	8		" " peritoneum.....	2	
" " lungs.....	3	3	" " pharynx.....	1	
Child birth.....	1		" " s. & bowels.....	8	6
Cirrhosis of the liver.....	4		Inanition.....		4
Consumption of the lungs.....	38	2	Influenza.....	1	1
Convulsions.....	1	29	Jaundice.....	1	
" puerperal.....	1		Locomotor ataxia.....	2	
Croup.....	1	7	Leucocythemia.....	1	
Cyanosis.....		7	Marasmus.....	11	
Debility.....	8	3	Measles.....	1	
Diarrhoea.....	1		Old age.....	17	
Diphtheria.....	1	11	Obstruction of the bowels.....	1	
Disease of the spine.....		1	Paralysis.....	5	
" heart.....	22	4	Pyemia.....	1	
Drowned.....	1	1	Rheumatism.....	2	
Dysentery.....	2	1	Sclerosis of brain.....	1	
Droopy.....	1	3	Softening of the brain.....	2	
Effusion of the brain.....	1		Suffocation.....	2	
Eczema.....	1		Suicide, Paris green.....	1	
Erysipelas.....	1		Teething.....	1	
Emphysema.....	1		Tumor.....	5	
Fatty degen. of the heart.....	2		Ulceration of the stomach.....	1	
" remittent.....	1		Uræmia.....	3	
" scarlet.....	4		Wounds, gun-shot.....	1	
Fever, typhoid.....	6	5	Total.....	227	175
Hernia.....	1	1			

MUTUAL AID ASSOCIATION.—The recent meeting of the Philadelphia County Medical Society, at which the claims of and objects of the Mutual Aid Association were especially presented, was an occasion of unusual interest. Addresses were made by Drs. Gouverneur M. Smith and Henry Tuck, of New York, of the New York Society for the Relief of the Widows and Orphans of Medical Men, and by Professors Keen, Pepper, Willard and others of this city. A brief memoir of Dr. Henry H. Smith, the founder of the Association, was read by Dr. Benjamin Lee. Sixteen of those present followed the example of Professor Keen in enrolling themselves as members, or increasing the grade of their membership. The total addition to the Benevolent Fund thus made will amount to about \$1,300. On the adjournment of the business meeting a reception was extended to the guests from a distance, at the University Club.

The following extracts from Dr. Smith's address will convey an idea of the scope of the work of the New York Society.

"Our Society has, for a number of years, proved a blessing to its beneficiaries, and has been remarkably successful in accumulating a financial capital of \$172,180.58, which insures a continuance of a laudable work in the future." After emphasizing the somewhat remarkable fact that the largest contributors to and most earnest supporters of their Society had been bachelors, and mentioning the names of the eminent physicians who in the year 1842 met to inaugurate the movement, he continued: "Do not for a moment suppose that since then it has been fostered by lesser dignitaries. Many of those who have given to it the most time and care have been men whose families would, probably, in the ordinary course of events, never derive any pecuniary benefit from it. Since 1877, the smallest number of widows aided in any one year has been ten, and the largest number fourteen; the smallest number of orphans four, and the largest number eight. During the year the Society meets once. The Board of Managers and the Stand-

ing Committee hold four stated meetings, and such special meetings as may be necessary. One matter should be especially emphasized, viz.: A charitable element should prevail in the direction of such fraternities; while business principles should be strictly enforced in the investment of funds, a charitable disposition should be made of the revenue derived from such funds. The affluent members of the profession should deem it a duty to their holy calling to foster any such organization. It is a work in which men of all nationalities and creeds can mutually cooperate, remembering the words of the great poet:

'In Faith and Hope the world will disagree,
But all mankind's concern is Charity.'

TO CONTRIBUTORS AND CORRESPONDENTS.

ALL articles to be published under the head of original matter must be contributed to this journal alone, to insure their acceptance; each article must be accompanied by a note stating the conditions under which the author desires its insertion, and whether he wishes any reprints of the same.

Letters and communications, whether intended for publication or not, must contain the writer's name and address, not necessarily for publication, however. Letters asking for information will be answered privately or through the columns of the journal, according to their nature and the wish of the writers.

The secretaries of the various medical societies will confer a favor by sending us the dates of meetings, orders of exercises, and other matters of special interest connected therewith. Notifications, news, clippings, and marked newspaper items, relating to medical matters, personal, scientific, or public, will be thankfully received and published as space allows.

Address all communications to 1725 Arch Street.

Army, Navy and Marine Hospital Service.

Official List of Changes in the Stations and Duties of Officers serving in the Medical Department, U. S. Army, from January 23, to February 9, 1891.

Leave of absence for one month, with permission to apply to the Adjutant-General of the Army for an extension of one month, is granted Captain Alonzo R. Chapin, Assistant-Surgeon, Fort Yates, N. D. Par. 3, S. O. 17, Dept. Dakota, St. Paul, Minn., January 31, 1891.

By direction of the Secretary of War, leave of absence for six months, with permission to go beyond sea, is granted Major Julius H. Patozki, Surgeon. Par. 5, S. O. 24, A. G. O., Washington, D. C., January 29, 1891.

By direction of the Secretary of War, Captain William Stephenson, Assistant-Surgeon, will proceed without delay from Columbus Barracks, Ohio, to Fort Wayne, Michigan, and report in person to the commanding officer of that post for temporary duty, and upon the completion thereof will return to his proper station. Par. 13, S. O. 23, A. G. O., Washington, D. C., January 28, 1891.

By direction of the Secretary of War, Captain Robert J. Gibson, Assistant-Surgeon, is relieved from further temporary duty in the field, to take effect so soon as his services can be spared by the officer commanding the troops with which he is serving, and will then return to New Haven, Conn., and resume his leave of absence. Par. 6, S. O. 22, A. G. O., Washington, D. C., January 27, 1891.

By direction of the Secretary of War, Captain Charles M. Gandy, Assistant-Surgeon, is relieved from temporary duty in the field, to take effect when his services can be spared by the commanding officer of the troops with which he is serving, and will then return to Ocean View, Cape May county, New Jersey, and resume his leave of absence. Par. 1, S. O. 21, A. G. O., Washington, D. C., January 26, 1891.

By direction of the Secretary of War, Captain William P. Owen, Jr., Assistant-Surgeon, is relieved from temporary duty with troops in the field, to take effect as soon as his services can be spared, and will then return to Muskogee, Indian Territory, and resume his leave of absence. Par. 3, S. O. 20, A. G. O., Washington, D. C., January 24, 1891.

By direction of the Secretary of War, Captain Walter Reed, Assistant-Surgeon, is relieved from temporary duty at Fort Keogh, Montana, to take effect as soon as his services can be spared by the commanding officer of that post, and will then return to Baltimore, Maryland, and resume his duties in that city, as Attending Surgeon and Examiner of Recruits. S. O. 20, par. 3, A. G. O. Washington, D. C., January 24, 1891.

BUFFALO LITHIA WATER

IN BRIGHT'S DISEASE, OF THE KIDNEYS, THE GOUTY DIATHESIS, ETC., ETC.

Dr. WM. A. HAMMOND, of Washington, D. C., Surgeon-General U. S. Army (retired), Professor of Diseases of the Mind and Nervous System in the University of New York, etc. :

"I have for some time made use of the BUFFALO LITHIA WATER in cases of AFFECTIONS of the NERVOUS SYSTEM, complicated with BRIGHT'S DISEASE OF THE KIDNEYS or with a GOUTY DIATHESIS. The results have been eminently satisfactory. Lithia has for many years been a favorite remedy with me in like cases, but the BUFFALO WATER CERTAINLY ACTS BETTER THAN ANY EXTEMPORANEOUS SOLUTION OF THE LITHIA SALTS, and is, moreover, better borne by the stomach. I also often prescribe it in those cases of CEREBRAL HYPERÆMIA resulting from OVER MENTAL WORK—in which the condition called NERVOUS DYSPEPSIA exists—and generally with MARKED BENEFIT."

HUNTER MCGUIRE, M.D., L.L.D., late Professor of Surgery, Medical College of Virginia, Richmond :

"BUFFALO LITHIA WATER, Spring No. 2, as an ALKALINE DIURETIC is invaluable. In URIC ACID GRAVEL, and, indeed, in diseases generally dependent upon a URIC ACID DIATHESIS, it is a remedy of EXTRAORDINARY POTENCY. I have prescribed it in cases of RHEUMATIC GOUT, which had resisted the ordinary remedies, with wonderfully good results. I HAVE USED IT ALSO IN MY OWN CASE, BEING A GREAT SUFFERER FROM THIS MALADY, AND HAVE DERIVED MORE BENEFIT FROM IT THAN FROM ANY OTHER REMEDY."

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A REMEDY FOR

DIPHTHERIA; CROUP; SORE THROAT, AND ALL INFLAMMATORY DISEASES OF THE THROAT.

OPINION OF THE PROFESSION.

"Dr. Geo. B. Hope, Surgeon Metropolitan Throat Hospital, Professor Diseases of Throat, University of Vermont, writes in an article headed 'Some Clinical Features of Diphtheria, and the treatment by Peroxide of Hydrogen' (N.Y. Medical Record, October 13, 1899). Extract :

"... On account of their poisonous or irritant nature the active germicides have a utility limited particularly to surface or open wound applications, and their free use in reaching diphtheritic formations in the mouth or throat, particularly in children, is unfortunately, not within the range of systematic treatment. In Peroxide of Hydrogen, however, it is confidently believed will be found, if not a specific, at least the most efficient topical agent in destroying the contagious element and limiting the spread of its formation, and at the same time a remedy which may be employed in the most thorough manner without dread of producing any vicious constitutional effect."

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Dr. E. R. Squibb, of Brooklyn, writes as follows in an article headed "On the Medical Uses of Hydrogen Peroxide" (Gaillard's Medical Journal, March, 1899, p. 307), read before the Kings County Medical Association, February 5, 1899 :

"Throughout the discussion upon diphtheria very little has been said of the use of the Peroxide of Hydrogen, or hydrogen dioxide; yet it is perhaps the most powerful of all disinfectants and antiseptics, acting both chemically and mechanically upon all excretions

and secretions, so as to thoroughly change their character and reactions instantly. The few physicians who have used it in such diseases as diphtheria, scarlatina, smallpox, and upon all diseased surfaces, whether of skin or mucous membrane, have uniformly spoken well of it so far as this writer knows, and perhaps the reason why it is not more used is that it is so little known and its nature and action so little understood."

"Now, if diphtheria be at first a local disease, and be auto-infectious; that is, if it be propagated to the general organism by a contagious virus located about the tonsils, and if this virus be, as it really is, an albuminoid substance, it may and will be destroyed by this agent upon a sufficient and a sufficiently repeated contact."

"A child's nostrils, pharynx and mouth may be flooded every two or three hours, or oftener, from a proper spray apparatus with a two volume solution without force, and with very little discomfort; and any solution which finds its way into the larynx or stomach is beneficial rather than harmful, and thus the effect of corrosive sublimate is obtained without its risks or dangers."

Further on Dr. Squibb mentions that CHARLES MARCHAND is one of the oldest and best makers of Peroxide of Hydrogen, and one who supplies it to all parts of the country.

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TEACHER: "Suppose, Tommy, you were President of the United States, what would you do?"

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WILSON (walking up the avenue): "We meet an engaged couple, or what looks like one, about every ten yards."

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Mrs. Briggs: "When my boy catches cold I give him cod-liver oil."

The widow of Gen. Custer says that he was the first of American army officers to experiment on the rattlesnake as an entree. His cook prepared the dish under protest, and as the general was eating the dainty he saw the alarmed negro cautiously peering in through a crack of the tent, doubtless expecting to see his master drop down in a fit.

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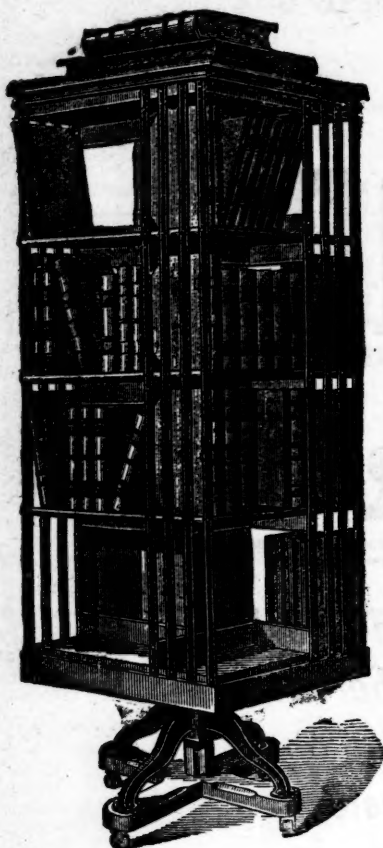
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A SCHOOL FOR THE BODY in a building constructed on the most approved plans, with the latest appliances, skilled instruction, and constant supervision. All its facilities are offered to any physician, who so desires, to use as his own, with sole control over such pupils as he may send.

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A Manual of the Minor Gynecological Operations and Appliances.

By J. HALLIDAY CROOM, M.D., F.R.C.P.E., F.R.C.S.E., Ed.

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The best, most practical, and most useful work on Gynecology ever published.

Price, in Cloth, \$1.50, postage prepaid.

PHYSICIANS SUPPLY CO., 218 East 34th Street, New York.

Fifty-Dollar Outfit of Triturates.

THIS list has been compiled by Dr. Waugh, and contains what he would recommend to a physician who desires to lay in a stock of these convenient preparations for his own dispensing. There are many other remedies that are essential to the modern practice of medicine: but for various reasons they are not suitable for use in this form. The quantities have been carefully calculated, so that articles of common use appear in several forms or in larger quantities than those more rarely employed. The following notes may explain further the motives for selection:

1. The use of alkaloids hypodermically is to be encouraged; as tending to accuracy of diagnosis and of medication: and certainly of results. A full list is given; and the more frequent use of morphine provided for by inserting three salts, of diverse strength.

2. Very few compounds are included; as a greater variety of agents is thus secured, in the given limit: and every physician should be able to make his own combinations at will. Exception is made in the case of a few combinations, of special value and common use: such as the laxative triturate, and the lozenge of morphine and ipecac.

3. Acetanilide is entered in $\frac{1}{2}$ gr. tablets, as most convenient for children. For adults, four or more may be given at a dose. Antipyrine is omitted on account of its high price, which has led to the general substitution of acetanilide.

4. Arsenic appears in five forms, of various strengths. Surely enough, even of this valuable drug.

5. Tartar emetic is often useful in small doses. The $\frac{1}{2}$ gr. tablet is selected, as smaller doses may easily be prepared, by dissolving a tablet in any given number of tablespoonfuls of water. Thus, one tablet with ten spoonfuls of water gives $\frac{1}{20}$ gr. per spoonful. The same may be said of many other remedies in the list: and explains the restriction to our size of drugs used in many sized doses.

6. Arsenic sulphide deserves a place and a trial for the sake of Dr. Louis Lewis, who brought it into notice.

7. Atropine represents belladonna so fully that no other preparation of this plant is needed.

8. If creasote be required in larger doses than one grain, it should be administered hypodermically, in fluid cosmoline.

9. Cupric arsenite is called for frequently, from Dr. Aulde's strong recommendation.

10. Eucalyptin, gelsemium, leptandrin, and a number of other drugs adopted from the Eclectics, deserve a far more general trial than they have yet received. Several others would have been included, as irislin, if they had been in any manufacturer's list.

11. Viburnum has established a place in the treatment of menstrual disorders.

12. Digitalin can scarcely be held to represent foxglove closely enough to warrant the substitution of the former. The hypodermic list, however, contains enough for any one who wishes to try the experiment.

13. Ox-gall is as surely indicated as pepsin, and should be used as frequently.

14. Eight chalybeates should afford a sufficient range of choice.

15. Six mercurials are about enough. The subsulphate bottle will probably become dusty, but is prized highly by many, in croup.

16. Morphine sulphate renders other opiates unnecessary: though convenience is consulted by adding the three hypodermic salts, Dover's, and a lozenge of morphine and ipecac.

17. The small dose of pilocarpine, is because it is not often used. So with santalin.

18. Strychnine sulphate renders nux and ignatia superfluous. The compounds are all unnecessary.

19. Lobelia occupies a place not filled by any other remedy. Its remarkable "drying" powers, in excessive secretions, are not so widely known as they should be.

20. Sanguinaria will stimulate the bronchial mucosa when all else has failed.

21. Trinitin is given in $\frac{1}{2}$ gr. tablet, as a larger supply can thus be carried: and the dose can be so easily divided, $\frac{1}{10}$ gr. is enough.

22. Cimicifuga and phytolacca have their uses: the one in chorea, the other in mastitis; where they cannot well be replaced.

23. Dr. Waugh could hardly overlook the sulpho-carbolate of zinc, or lactophosphate of lime.

24. Cannabis is an exasperating drug: continually coming up as a remedy for something in which other remedies are always a little better.

25. Gold threatens to be a fad. We put in enough to afford a trial.

26. Naphthaline is inserted for experiment.

27. Phenacetin cannot in all cases be replaced by the cheaper acetanilide.

28. Resorcin has had such strong recommendations in intestinal complaints that it should be generally tried; though we do not believe it compares with the sulpho-carbolate.

29. Salol has a value in cystitis that nothing approaches: unless it be pichi; and that is not a good drug for a triturate, as the dose is too large.

30. The succinate of soda has the one excuse for its existence, in its power in preventing gall-stone colic.

31. Sulfonal is costly, and yet it must be included: as it is the best of hypnotics.

32. Zinc phosphide amply fills the place of phosphorus. In treating neuralgia, it is of great value to make a powerful impression on the disease: to be followed by less energetic remedies.

33. The children take kindly to the wafers of quinine tannate and chocolate.

34. Many other remedies are to be found in the lists, but are not recommended; as grindelia and rhubarb, which require too large a dose; valerian, whose odor is objectionable, etc., etc.

TRITURATES, 500 EACH.

Acetanilide, 1-2 gr. each	\$0 60	Santonin, 1-4 gr. ea.	\$0 60
Acid. arseni, 1-20 gr. ea.	40	Strychnine sul., 1-40 gr. ea.	40
" benzoic, 1 gr. ea.	40	Tr. aconite, 1 gr. ea.	40
Aloin, 1-5 gr. ea.	60	" gelsemii, 3 gr. ea.	40
Al. bel. str. and ipe.	60	" hydrastis, 3 gr. ea.	40
Ant. and pot. tart, 1-10 gr. ea.	40	" lobelia, 3 gr. ea.	40
Arsenic brom., 1-60 gr. ea.	40	" quassia, 5 gr. ea.	40
" sulphid., 1-30 gr. ea.	40	" sanguinar., 3 gr. ea.	40
Atropine sul., 1-100 gr. ea.	60	" scilla, 3 gr. ea.	40
Bismuth subnit., 2 gr. ea.	1 00	" senega, 5 gr. ea.	40
Calc. sulphid., 1-8 gr. ea.	40	" strophanthin, 3 gr. ea.	45
Ceril oxalat., 1 gr. ea.	50	Trinitrin, 1-20 gr. ea.	40
Creasote, 1-4 gr. ea.	40	Bland's	1 00
Cupri arsenit., 1-100 gr. ea.	40	Tr. cimicifuga, 2 gr. ea.	65
Eucalyptin, 1-8 gr. ea.	40	" cantharidis, 1 gr. ea.	50
Ext. serpentari., 1-4 gr. ea.	40	" colechicum, 2 gr. ea.	65
" viburnum, 1 gr. ea.	60	" phytolacca, 1 gr. ea.	50
Digitals fl., 1 gr. ea.	45	Zinc sulphocarb., 1 gr. ea.	50
Fel. bovin., 1 gr. ea.	40	Tr. verat. vir., 2 m.	40
Ferri arsenit., 1-8 gr. ea.	45	Ext. gentian fl., 2 m.	45
" reduct., 1 gr. ea.	45		\$26 95
Hydrarg. bichlor., 1-20 gr. ea.	40		
" ch. nit., 1-4 gr. ea.	40		
" iod. vir., 1-4 gr. ea.	50		
" ox. flav., 1-35 gr. ea.	40		
" subsulph., 1-2 gr. ea.	45		
Ipecacuanha, 1-8 gr. ea.	45		
Lith. carb., 1-2 gr. ea.	55		
Morphine sulph., 1-8 gr. ea.	1 00		
" erigeron, 1-10 gr. ea.	40		
" tigli, 1-10 gr. ea.	40		
Pilocarpin mur., 1-50 gr. ea.	80		
Dover's, 2 1-2 gr. ea.	60		

PILLS, 100 EACH.

Ammon. bromide, 10 gr. ea.	35
Calc. lactophos., 5 gr. ea.	30
Ergotin, 1 gr. ea.	35
Ext. cannab. ind., 1-4 gr. ea.	25
Ferri protocar., 5 gr. ea.	30
" citrate, 5 gr. ea.	30
" and myrrh.	25
" iod.	20
" and potas. tart.	30
Gold & soda chlor., 1-20 gr. ea.	40

HYPODERMIC TABLETS,

Pil. hydrarg., 5 gr. ea.	\$0 30
Leptandrin, 1-2 gr. ea.	25
Naphthaline, 2 1-2 gr. ea.	25
Pepsin, 1 gr. ea.	55
Phenacetin, 3 gr. ea.	1 20
Potas. nitrat., 5 gr. ea.	25
Quin. bisulph., 2 gr. ea. (200).	80
Resorcin, 3 gr. ea.	35
Salol, 2 1-2 gr. ea.	60
Sod. salicylat., 5 gr. ea. (200).	1 10
" succinat., 2 gr. ea.	35
Sulfonal, 15 gr. ea., No. 10.	75
Zinc phosphide, 1-12 gr. ea.	20
Quin., tannat. and chlor.	45

20 in each tube.

Atropine sulph., 1-60 gr. ea.	10
Apomorphine mur., 1-10 gr. ea.	20
Aconitin, 1-60 gr. ea.	24
Cocaine mur., 1-6 gr. ea.	24
Cocaine hydrobrom., 1-80 gr. ea.	10
Caffeine, 1 gr. ea.	18
Curarin sulph., 4-60 gr. ea.	12
Digitalin, 1-100 gr. ea.	10
Duboisin. mur., 1-60 gr. ea.	11
Eserine sul., 1-60 gr. ea.	15
Hydrarg. ch. cor., 1-30 gr. ea.	10
Hyoscine hyd., 1-100 gr. ea.	12
Morphine sul., 1-4 gr. ea.	14
" bimec, 1-8 gr. ea.	12
" mur., 1-6 gr. ea.	18

Pilocarpin mur., 1-8 gr. ea.	\$0 20
Picrotoxine, 1-40 gr. ea.	20
Physostigmin. salic., 1-40 gr. ea.	35
Quin. carb. amid., 3 gr. ea.	15
Strychnine sul., 1-60.	10
Spartein sul., 1-30 gr. ea.	10
Trinitrin, 1-100 gr. ea.	20
Codein, 1-8 gr. ea.	20
Ergotin, 1-10 gr. ea.	20

LOZENGES.

Acid tannic, 1-2 gr. ea., 1 lb.	70
Soda-mint, 1 lb.	25
Resin guaiac, 2 gr. ea., 1 lb.	75
Potas. citrat., 3 gr. ea.	45
" bicarb.	45
Soda	45
Potas. chlorat.	45
Ammon. chlor., 3 gr. ea.	115
Potas. brom., 5 gr. ea.	115
" iod.	115
Tar, 1 lb.	75
Morph. and ipecac, 1 lb.	40
Cubeb, ol. res., 1-2 gr. ea., 1 lb.	40
Eucalyptus, 1-4 lb.	25
Hypodermic tablets	\$0 75
Pills	10 40
Triturates	26 95
Total	\$30 00

PHYSICIANS SUPPLY CO., 1725 Arch St., Philadelphia, Pa.

An Open Letter to the Medical Profession.

THE INFANT FOOD PROBLEM SOLVED.

NEW YORK, May 1, 1890.

The Annual of the Universal Medical Sciences for 1889, says: "A perfect Infant Food is still a desideratum; such a food will probably be evolved in the mind of some manufacturer who understands the physiology of infantile digestion and the chemistry of milk. A substitute for human milk, to approximate the latter closely, should be made entirely from cow's milk, without the addition of any ingredient not derived from milk.

"But not alone do we demand that these Milk Foods contain the equivalent of the solids in human milk, and especially of the albuminoids derived from milk, but that the latter be gathered with the utmost care from properly fed animals, transported with the least possible jolting to the factory, maintained during its transit at a low temperature, then transferred to an apparatus for sterilization, and immediately after the latter has been accomplished reduced to the dry state, in order to prevent the formation of those organisms which Loeffler, Pasteur, and Lister have found to develop in fluid milk after boiling under an alkaline reaction. If such a preparation be put into air-tight and sterilized jars, all will have been accomplished that can be done to render the food sterile, and thus fulfil the chief indications in the prevention of the most serious gastrointestinal derangements.

"Such a food, too, would have the advantage of being easily and rapidly prepared by addition of sterilized water, affording an altogether sterilized food."

To the Medical Profession at large, we submit for examination and trial the perfect Milk Food known as LACTO-PREPARATA. We claim that LACTO-PREPARATA is an ideal Infant Food, and that it fulfils the above requirements in every particular, except the partial substitution of cocoa-butter for unstable milk-fat. This substitution was made by advice of Prof. Attfield, London, who made extensive tests of its food value and digestibility in the London Hospitals for Infants.

LACTO-PREPARATA is made from cow's milk evaporated in vacuo a few hours after it leaves the udder. In order to have the product correspond in composition with breast-milk, sufficient milk-sugar is added to bring up the carbohydrates and reduce the albuminoids to a proper proportion (17 per cent.). The casein is partially predigested (30 per cent.), and the remaining portion is rendered like human milk in character and digestibility. The ingredients are perfectly sterilized and placed in hermetically sealed cans; the powdering, bolting, and canning are done in an air-tight room, all air entering and leaving this room is forced by a blower through heavy layers of cotton. LACTO-PREPARATA is adapted more especially to infants from birth to six months of age; and by the addition of water alone represents almost perfectly human milk in taste, composition, and digestibility.

Another product of our laboratory, which has been before the profession for a number of years, is CARNRICK'S SOLUBLE FOOD, which, as now prepared and perfected, contains 37½ per cent. of the solid constituents of milk, 37½ per cent. of wheat with the starch converted into dextrine and soluble starch, and 25 per cent. additional milk-sugar. For infants over six months of age it is perfect in every respect; for infants younger than this, LACTO-PREPARATA is more suitable, although Soluble Food has also been used largely from birth with most satisfactory results.

Samples will be sent prepaid, also pamphlet giving detailed description.

REED & CARNRICK,
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SYR. HYPOPHOS. CO., FELLOWS

Contains the Essential Elements of the Animal Organization—Potash and Lime;

The Oxidising Agents—Iron and Manganese;

The Tonics—Quinine and Strychnine;

And the Vitalizing Constituent—Phosphorus; the whole combined in the form of a Syrup with a Slightly Alkaline Reaction.

It Differs in its Effects from all Analogous Preparations; and it possesses the important properties of being pleasant to the taste, easily borne by the stomach, and harmless under prolonged use.

It has Gained a Wide Reputation, particularly in the treatment of Pulmonary Tuberculosis, Chronic Bronchitis, and other affections of the respiratory organs. It has also been employed with much success in various nervous and debilitating diseases.

Its Curative Power is largely attributable to its stimulant, tonic, and nutritive properties, by means of which the energy of the system is recruited.

Its Action is Prompt; it stimulates the appetite and the digestion, it promotes assimilation, and it enters directly into the circulation with the food products.

The prescribed dose produces a feeling of buoyancy, and removes depression and melancholy; *hence the preparation is of great value in the treatment of mental and nervous affections.* From the fact, also, that it exerts a double tonic influence, and induces a healthy flow of the secretions, its use is indicated in a wide range of diseases.

NOTICE—CAUTION.

The success of Fellows' Syrup of Hypophosphites has tempted certain persons to offer imitations of it for sale. Mr. Fellows, who has examined samples of several of these, **finds that no two of them are identical**, and that all of them differ from the original in composition, in freedom from acid reaction, in susceptibility to the effects of oxygen when exposed to light or heat, **in the property of retaining the strychnine in solution**, and in the medicinal effects.

As these cheap and inefficient substitutes are frequently dispensed instead of the genuine preparation, physicians are earnestly requested, when prescribing the Syrup, to write "Syr. Hypophos. **Fellows.**"

As a further precaution, it is advisable that the Syrup should be ordered in the original bottles; the distinguishing marks which the bottles (and the wrappers surrounding them) bear, can then be examined, and the genuineness—or otherwise—of the contents thereby proved.

Medical Letters may be addressed to:

Mr. FELLOWS, 48 Vesey Street, New York.

SULFONAL-BAYER.

A CORRECT METHOD OF ADMINISTRATION,

ESSENTIAL TO OBTAINING ITS HYPNOTIC EFFECT.

Inquiries have been made of us from time to time as to the best method of administering Sulfonal-Bayer. These inquiries indicate that various methods of administration have been employed, and this without doubt accounts for those cases where the results obtained were not wholly satisfactory. We call special attention to the following:

"Clinically observed, we recognize in Sulfonal a mild calmative, a slowly but progressively active hypnotic. It has no other action, and its operation is attended by no complications, near or remote. It is therefore a pure hypnotic."

"The essential conditions of success in the exhibition of Sulfonal depend on first, the time when the remedy should be administered; second, the method of administration; third, the dose,"

"It is a fact, perhaps wholly unprecedented in what we observe of other neurotic materials, that Sulfonal demands from two hours to one hour for its physiological incubation; often quite two hours elapse between ingestion and the first accession of sensible medicinal energy. With the untired subject it is wise to stipulate for two hours."

[Extracts from articles by PROF. H. M. FIELD, *New England Medical Monthly*; *Therapeutic Gazette*.]

According to the experience of Prof. A. Kast, of Friburg University, Sulfonal-Bayer should be administered in a plate of soup, a cup of hot tea, milk or broth, at least two hours before retiring, or with the last meal early in the evening, between 7 and 8 P.M., at which time the stomach contains considerable amount of muriatic acid, mineral salts and peptones, and the most favorable conditions for the rapid absorption are satisfied.

Sulfonal has just been incorporated into the Addendum to the British Pharmacopœia.

Sulfonal-Bayer, prepared by the Farbenfabriken, formerly Friedr. Bayer & Co., Elberfeld, is supplied by us in ounces, and in the form of tablets of 5, 10 and 15 grains, put up in bottles of 10 and 100 tablets each.

We also offer Sulfonal-Bayer in the form of our soluble pills, containing 5 grains each.

ARISTOL.

In order to secure the desired effects of Aristol, it is important that the physician be certain that the article used bears the guarantee furnished by the continuous scientific control and the name of the manufacturer, the "Farbenfabriken, vormals Friedr. Bayer & Co., in Elberfeld." This firm are the only manufacturers of this article, and the word "Aristol" is their registered property.

The preparation of Aristol, theoretically simple, involves the greatest care and experience.

Aristol, a combination of iodine and thymol, manufactured by the Farbenfabriken, formerly Friedr. Bayer & Co., Elberfeld, Germany, is a valuable, inodorous, and non-toxic antiseptic remedy, superior to iodoform, iodole and sozo-iodole.

The general specific action of Aristol is similar to that of iodoform, iodole, and the sozo-iodole compounds, but in addition it has the valuable property of forming an absolutely unirritant covering over the surfaces on which it is placed, under which the processes of granulation and cicatrization proceed with extraordinary rapidity.

Aristol is indicated in Mycosis, Lupus, Psoriasis, Syphilitic diseases generally, etc., etc.

Descriptive pamphlet mailed on application.

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Antineuralgic-Antipyretic.

Much valuable testimony regarding Phenacetine, furnished by the medical profession of other countries as well as our own, has, from time to time, been collated by us, and the same has been put before American practitioners.

The scope of Phenacetine having widened, we have brought together in pamphlet form, classified in respect to diseases indicated, the results of the latest experience as reported chiefly by American physicians.

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"The popularity of Apollinaris Water is chiefly due to its irreproachable character.

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THE TIMES, LONDON.

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THE WORLD, LONDON.

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THE APOLLINARIS COMPANY, Limited, London, beg to announce that, as numerous Aperient Waters are offered to the public under names of which the word "Hunyadi" forms part, they have now adopted an additional Label comprising their registering Trade Mark of selection, which consists of

A Red Diamond.

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DIAMOND MARK.

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